

**The Effects of Belief Similarity and Difference, on Religious
Counsellors' Judgements of Religious and Non-Religious Clients**

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ORIGINALITY OF THESIS

I declare that this thesis reports my original work and that no part has been accepted or submitted for a degree or diploma at any university. To the best of my knowledge, no published or written material by another person has been included, except where due reference is given.

A handwritten signature in black ink, appearing to read 'J E Sheehan', with a stylized, cursive script.

Johann Elizabeth Sheehan

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Abstract

This thesis drew on the principles of Self-Categorization Theory (SCT) (Turner, Oakes, Haslam & David, 1995) to examine the effect that clients' expression of similar or dissimilar religious belief structures had on counsellors' clinical judgements. The first study utilised a survey format to examine religious counsellors' judgements of religious and non-religious clients along numerous dimensions. The hypothesis that counsellors may judge in-group clients, who discuss "pathological" experiences, more negatively than out-group clients was partially supported. Counsellors felt that non-religious clients had more insight than religious clients and that spirituality had a greater effect on the religious client's problems than it did on the non-religious client's problems. Counsellors' type of training institution also influenced their judgements. Those trained in an institution with a religious focus believed that all clients had less insight, but more motivation to change, than did counsellors trained in a secular institution. Additionally, partial support was found for the hypothesis that religious counsellors would prefer to refer religious clients to counsellors with similar views to themselves: religious counsellors referred twice as many religious clients, as non-religious clients, to a religious counsellor.

A second study used content analysis to examine the explanations counsellors gave for the judgements concerning client insight and motivation. Counsellors who perceived non-religious clients as more insightful felt that (1) religious clients were more likely to rely on an omnipotent God to intervene in their problems and (2) that the rigid beliefs of fundamentalist clients limited their capacity for insight. Alternatively, some argued that there was no difference between the two groups, as individual characteristics, not religiosity, influenced clients' insight. In relation to client motivation, counsellors drew upon similar theological doctrines to explain their judgements, regardless of the direction of their judgement.

These findings suggest that counsellors' judgements may be mediated by counselling experience. Those with more experience appeared more able to identify the subtle differences between different client groups and the effects that these may have on the therapeutic relationship. In conclusion, a SCT conceptualisation of religious counsellors will be provided, along with a discussion of clinical implications and future research possibilities.

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Overview and Rationale

In today's welfare environment, religious and other paraprofessional counsellors are being called upon to provide services at a rate that exceeds all previous expectations. Current policies of economic rationalism and "user pays" have stretched the Australian mental health system to breaking point (Barrand, 1997; Carey, Aroni, & Edwards, 1997; Swerissen & Duckett, 1997). A shortage of resources, coupled with rising community needs, has resulted in a triage system where only the most acute cases receive assistance. Those who are not an immediate danger to themselves or others are left to manage on their own, or to find alternate assistance. Voluntary welfare agencies, such as those established within the church, are major providers of alternate assistance and the current thesis will address some of the issues that might be of particular relevance to the relationship between a client and a religious counsellor.

Numerous North American studies have found that between 22% and 50% of individuals experiencing an emotional problem or seeking help for a mental illness, will visit a clergy person, rather than a mental health professional (Giglio, 1993; Larson, Hohmann, Kessler, Boyd, & McSherry, 1988; Lyles, 1992; Meylink, 1988; Meylink & Gorsuch, 1988; Quackenbos, Privette, & Klentz, 1985; Wright, 1984). In fact, Worthington (1986) argues that clergy are the second most consulted profession after general practitioners. There are numerous explanations for this, including clergy being perceived as more accessible, available and trustworthy, there usually being no fee for service, clergy already being known to the family or individual, and concern that secular therapists will either undermine the individual's religious values, or interpret

their religious beliefs as dysfunctional (Abramczyk, 1981; Quackenbos et al.; Ruppert & Rogers, 1985; Weaver, 1998; Worthington, 1993; Worthington, Kurusu, McCullough, & Sandage, 1996; Wright, Moreau, & Haley, 1982). With an increasing clientele, it could be expected that religious counsellors are being asked to counsel a growing number of individuals who endorse value systems different from their own. It is this issue that will be the specific focus of this thesis. However, before examining this further, it is important to define some terms related to the topic.

First, religion is a multi-dimensional variable which encompasses beliefs, attitudes, and practices (Larson, Pattison, Blazer, Omran, & Kaplan, 1986), hence it is difficult to find one, succinct definition. Giglio argues that the word “religious” describes “thoughts and feelings about a deity and usually indicates affiliation with a religious organization”. Moreover, she describes “religiosity” as “referring to beliefs and practices related to an organized form of religion” (Giglio, 1993, p. 768). Similarly, Worthington defines “religious beliefs” as “identification with organized religion (or some personal variant of organized religion)”, and religious counselling as:

counselling that primarily involves content associated with an organized religion or counseling done in an explicitly religious context (e.g., by a pastor at a church) (Worthington et al., 1996 p. 421).

In this thesis, the word “religious” will be used to describe an individual’s behaviours and attitudes concerning God and religion in a Christian context. The term “religious beliefs” will be used to describe an individual’s beliefs and practices concerning God and spirituality. Finally, the term “religious counsellor” will be used to refer to counselling undertaken by an individual who either identifies with an organised religion or who would describe themselves as “religious” or “spiritual”. Specifically, two types of religious counsellor will be examined. Counsellors who are religious and who have modest counselling training, eg those who have taken a short course in counselling or pastoral care, and those who are professional counsellors, who are also religious, eg those who have a professional counselling qualification, such as a Graduate Diploma or Bachelors degree in counselling. In general, the first group of counsellors includes clergy and lay religious counsellors, who trained in an institution with a religious focus, and the second group comprises professional counsellors (and a small number of clergy), who undertook their counselling training in a secular institution, and who may or may not be working in a secular environment.

Having defined the primary terms pertaining to religious clients and counsellors, it is prudent to provide a brief introduction to previous research that has examined the relationship between individuals who share similar and dissimilar beliefs.

The interactions between individuals who endorse similar or different value systems has attracted the attention of scholars for several decades

(Festinger, 1950, 1954; Tajfel, 1979; Turner, 1982; Turner, Hogg, Oakes, Reicher and Witherell, 1987). Research specifically investigating the effects of clients' and therapists' similar or dissimilar religious beliefs on the therapeutic relationship has been equivocal. The main effects examined in these studies include counsellors' judgements of the severity of the clients problems, counsellors' willingness to select the client for their case load, the impact of religion or spirituality on the client's problems, and the effect of the client's religious beliefs on counsellors' judgements (Giglio, 1993; Houts & Kenton, 1986; Lewis & Lewis, 1985; Reed, 1992; Wadsworth & Checketts, 1980; Worthington, 1993; Worthington et al., 1996). Some studies have found that client's expression of their religious beliefs makes no difference, or minimal difference, to the therapeutic relationship (Abramowitz & Dokecki, 1977; Feuquay, Parish, Elsom, & Dobson, 1978; Gartner, 1986; Gibson & Herron, 1990; Hochstein, 1986; Wadsworth & Checketts, 1980), whilst others have found that expression of such beliefs significantly influences it (Gartner, Hohman, Harmatz, Larson, & Gartner, 1990; Houts & Kenton, 1986; Kivley, 1986; Lewis & Lewis, 1985; Reed, 1992; Shafranske & Molony, 1990(b)).

One explanation for the above inconsistencies appears to be the different methodologies used. Most studies have only measured participants' responses for one type of client: either religious or non-religious. Additionally, most studies have focused on secular counsellors' judgements. Very little research has specifically examined the therapeutic relationship between *religious* counsellors and religious and non-religious clients. The fact that these findings have been contradictory, and that there is a dearth of research examining the

attitudes and judgements of religious counsellors, indicates that further research is needed in this area. Therefore, the author intends to examine the broad question of what effect clients' expression of similar or dissimilar religious belief has on religious counsellors' judgements of religious and non-religious clients.

The current research will draw on the principles of Self-Categorization Theory (SCT) (Turner, Oakes, Haslam & David, 1995). Self-Categorization Theory is a theory of group processes. It proposes that we cognitively group social categories to maximise both similarity within our own group (intra-group similarity) and differences between our own group and other groups (inter-group differences). Consequently, there are two levels of group categorization on any social dimension: the in-group, where we perceive ourselves and others as sharing similar salient characteristics and the out-group, where others are categorized as different from ourselves.

Drawing upon this understanding, two possibilities will be explored. First, since counsellors' religious identity would become salient when they counsel clients who discuss their religious beliefs, and since fellow in-group members are more positively evaluated than out-group members, religious counsellors may categorize obviously religious clients more favourably than non-religious clients (in-group favoritism). Alternatively, it is also possible that counsellors' desire to continue to think positively about the religious in-group will have the opposite effect, ie that counsellors will categorize religious clients who display undesirable behaviour as out-group members (the "black sheep"

effect, see Marques, 1990). To investigate these possibilities, religious counsellors' judgements of both religious and non-religious clients will be measured after manipulating clients' religiosity. The use of a within subjects design was employed to rectify one of the methodological difficulties of previous studies, ie, participants only rating one client — either religious or non-religious.

Chapter One - Literature Review

Numerous authors have investigated the relationships between individuals who share similar and dissimilar value systems. Some have examined such relationships from an interpersonal perspective (Byrne, 1961, 1971; Szasz, 1961), whilst others have investigated group interactions (Brown 1988; Turner, Hogg, Oakes, Haslam, & David 1995). In this chapter, the theoretical perspectives of each of these authors will be introduced. Following this, research investigating the interactions between religious and non-religious clients and counsellors will be reviewed with this framework in mind.

1.1 Individual Perspectives on Belief Similarity and Dissimilarity

In explaining the effects that similar and dissimilar beliefs and ideologies have on interpersonal relationships, Byrne (1961, 1971) takes a behaviourist perspective and proposes a Reinforcement Model of Attraction. Byrne defined a law of attraction, such that:

attraction towards X is a positive linear function of the proportion of positive reinforcement received from X (Byrne, 1971, p. 267).

Positive reinforcement, or reward, refers to the satisfaction of interacting with an individual who shares beliefs similar to oneself. Conversely, negative reinforcement occurs when one interacts with an individual who expresses beliefs and attitudes dissimilar to one's own. Byrne (1961), expands upon this law, by postulating that others, who share similar beliefs about issues that an

individual considers to be important, and dissimilar beliefs about issues which are considered to be less important, will be rated more positively than those who express different beliefs about issues rated as important and similar beliefs about issues of less importance.

Reward may take many forms and have varying degrees of reinforcement. For instance, the pleasure two individuals experience whilst discussing an issue of mutual interest over a cup of coffee may be sufficiently rewarding in itself. On the other hand, an academically minded person may internalise positive feedback from a colleague about an issue important to them both as indicating that the other person understands them, values their opinion, or holds them in high esteem. Alternatively, reinforcement may be based on the number of people who agree with an individual. With reference to the previous example, agreement from one or two like-minded persons may provide mild reward, whilst agreement, or credit, from a whole room of people may provide significantly more.

In relation to the question of the effects that clients' expression of religious beliefs has on the therapeutic relationship, it could be expected that religious counsellors would be more attracted to clients who express religious beliefs similar to their own and less attracted to those who express dissimilar religious beliefs.

Providing a different emphasis on the effects of interpersonal similarity and dissimilarity is the social cognitive approach of Szasz (1961). Szasz

examined the role that patient-therapist values and social norms have on therapists' judgement and treatment of clients with a mental illness. He argues that the patient-therapist relationship varies with respect to historical and social political circumstances and that therapists' own beliefs, attitudes, and values impact upon their interactions with clients.

It makes a difference ... what the psychiatrist's socio-ethical orientations happen to be; for these will influence his ideas on what is wrong with the patient, what deserves comment or interpretation, in what possible directions change might be desirable, and so forth (Szasz, 1968, p. 26).

Labeling someone as "mentally ill" involves making a value judgement. More explicitly, Szasz argues that such judgements involve comparing the patient's attitudes, beliefs, and ideas to those of the therapist and wider society (Szasz, 1968). He argues that a diagnosis of mental illness is explicitly tied to the individual's social context and the zeitgeist of the time. In this sense, the labeling of an individual as mentally ill automatically categorizes them as deviant or pathological. In recognising the effect of patient-therapist beliefs on therapy, Szasz suggests that perhaps we should have different psychiatric therapies for different groups of people, eg therapies and therapists targeting individuals of different religious and political persuasions.

With Szasz's philosophy in mind, it is not difficult to imagine that members of minority groups who seek counselling or therapy are at greater risk

of being diagnosed as mentally ill or deviant. If Szasz's argument is correct, we would expect that the interaction between client-therapist religious beliefs could potentially bias the therapist's diagnosis, prognosis and treatment of the client. In particular, we would expect that clients who expressed dissimilar religious beliefs to those of their therapist would be judged more harshly, eg perceived to be more ill and less likable, than those who express beliefs which are similar to their therapist's. Furthermore, it could be expected that religious counsellors may be concerned that secular counsellors will pathologise the religious client's religious beliefs, or label them as "deviant". Therefore, they might prefer to refer religious clients to counsellors with similar beliefs to those of themselves and the client, with the view that increasing the fit between the attitudes of the client and counsellor will provide a more favourable outcome for the client.

An important distinction between Byrne's (1961, 1971) model and Szasz' (1968) model should be noted. Byrne's model emphasises the way in which the client's expression of beliefs similar or different to the therapists' *reinforces* or *rewards* the therapist, and would be most relevant in regard to questions about how much the counsellor liked, and how much warmth they felt towards the client. Alternatively, Szasz' model emphasises the therapists' attitudes, beliefs, and values and how these influence the therapist's perception of the severity of the client's problems, the client's motivation to change, and the likelihood of the client making substantial progress in therapy.

Whilst the work of Byrne (1961, 1971) and Szasz (1968) examines interpersonal relationships and how individual's beliefs influence interpersonal

interactions, both only target the individual level of relationship. If we wish to understand more clearly the effects that similar and dissimilar beliefs have on client-therapist interactions, it is important to also examine theories of group processes and group interaction. Two such theories are Self-Categorization Theory (SCT) and Brown's theory of group processes and religion.

1.2 Social Group Perspectives of Similarity and Difference

Self-Categorization Theory is a theory of group process, and as such, it proposes that individuals cognitively group social categories to which they belong, to maximise both similarities within their group (intra-group similarities) and differences between their group and other groups (inter-group differences) (Turner, 1982; Turner, Hogg, Oakes, Reicher & Wetherell, 1987). There are two dimensions of group categorization: the in-group, where we perceive ourselves and others as sharing characteristics which are salient in a given context (eg a group of dog lovers) and the out-group, where we categorize others as different from ourselves (eg a group of dog lovers versus a group of cat lovers). Such categorizations are context dependent and can vary depending upon the social situation. This leads us to one of the major components of SCT — salience.

Oakes, Turner, & Haslam (1991), postulate that salience, the importance of particular characteristics at a certain time, will influence the way we categorize ourselves and others. They argue that a person's membership in a social category becomes salient when their behaviour "fits" the characteristics of the social group which is relevant at a particular time. Therefore, depending upon the social context, it is possible that the same behaviours will lead the

individual to be categorized as either an in-group or an out-group member. For example, for a dog owner, a cat lover may be classified as an in-group member at an RSPCA rally, and an out-group member at a dog show.

Drawing on this understanding, this thesis will explore two possibilities. First, since religious counsellors' religious identity will become salient when they counsel clients who discuss their religious beliefs and, since fellow in-group members are more positively evaluated than out-group members, religious counsellors may categorize explicitly religious clients as in-group members. Consequently, the counsellor may judge the religious client more favourably than the non-religious client. Moreover, because religion will always be more salient for counsellors who trained at an institution with a religious focus, it is believed that this may be more true for them than for counsellors trained in an institution with a secular focus.

Second, it is possible that counsellors' desire to continue to think positively about the religious in-group will have the opposite effect when an in-group member displays undesirable behaviour (the "black sheep" effect — see Marques, 1990). In other words a religious counsellor, when confronted with a religious client who described "pathological" experiences, may categorize them as out-group members and, consequently judge them more harshly than they would non-religious clients. Using the same reasoning that we previously applied to counsellors trained in a religious institution, if we see evidence of the "black sheep effect", it may be stronger for these counsellors than for those with secular training.

On the other hand, whether we see in-group favoritism or the “black sheep effect”, it is possible that more salient religious beliefs and the desire to care for those in need, may cause those trained in an institution with a religious focus to judge all clients more favourably than those trained in an institution with a secular focus. Moreover, it is expected that the lifestyle and the more sheltered everyday living environment of counsellors living in a religious community will lead them to strive to “see the good” in all people and to treat all people with respect and compassion. Consequently, it is predicted that they will judge both religious and non-religious clients more favourably than counsellors living “in the world”.

Brown is an author who examines group processes specifically as they apply to religion. He argues that:

religious similarity is an important criterion of our attraction to other people and that, given the opportunities, friendships develop within religious (and similar) groups (1988, p.69).

According to Brown, social groups consist of individuals who share the same identity and who view themselves as belonging to the same social category. He argues that individuals within social groups share common experiences, perspectives and attitudes. Such shared experiences may include language, religion and ethnicity. Because of these shared experiences, Brown indorses the SCT prediction that in-group members will appraise other in-group members more positively than out-group members.

In discussing the relationship between religion and mental health, Brown argues that:

being religious can influence what one discloses, the way experiences are interpreted, and therefore how personality and mental health are intertwined (1988, p. 61).

With these views in mind, it could be expected that, in a counselling situation, religious clients would disclose their religious beliefs and describe their experiences in religious terms, whereas non-religious clients would not use such terminology. As a consequence, religious counsellors could be expected to judge religious clients more favorably than non-religious clients. Such judgements could include assessing religious clients' problems as less severe, not viewing the religious client's religion as having a significant impact on their current problems, judging the religious client as having more insight into their problems, and judging religious clients as being more motivated to change.

Having discussed theoretical perspectives of the effects of similar and dissimilar belief structures, a review of research that examines the effect such structures have on the therapeutic relationship now follows.

1.3 Empirical Studies of the Effect of Religious Beliefs on the Therapeutic Relationship

Several studies have investigated the effects that clients' expression of similar or different belief structures has on counsellors' perception and

judgement of them. Beliefs that have commonly been examined include sex roles and sex-role expectations (Delki & Ryan, 1975; Schwartz & Abramowitz, 1975), physical attractiveness (Schwartz & Abramowitz, 1975), political preferences (Mazer, 1979; Schwartz & Abramowitz, 1975), and religious beliefs (Gartner et al., 1990; Giglio, 1993; Houts & Kenton, 1986; Kivley, 1986; Lewis & Lewis, 1985; Reed, 1992; Wadsworth & Checketts, 1980; Worthington, 1986; Worthington et al., 1996).

As mentioned earlier, research examining the effects of religious differences on the therapeutic relationship has been equivocal. Some studies have found that clients expression of their religious beliefs makes no difference, or minimal difference, to the therapeutic relationship (Abramowitz & Dokecki, 1977; Feuquay et al., 1978; Gartner, 1986; Gibson & Herron, 1990; Hochstein, 1986; Wadsworth & Checketts, 1980), whilst others have found that expression of such beliefs significantly influences the therapeutic relationship (Gartner, Harmatz, Hohmann, & Larson, 1990; Gartner et al., 1990; Houts & Kenton, 1986; Kivley, 1986; Lewis & Lewis, 1985; Reed, 1992; Shafranske & Malony, 1990 (a)).

Studies which specifically address client-therapist religious beliefs can be grouped into two broad categories: correlational studies and experimental studies. Correlational studies generally examine the effect that client-therapist beliefs have on therapists' judgements of religious and non-religious clients, whilst experimental studies have endeavored to manipulate clients' religiosity and measure the effect this has on clinicians assessment and prognosis of clients,

their counselling goals, the amount of empathy counsellors have towards clients, their judgements about the severity of the client's problem, and the effect of religion or spirituality on the client's problems. A review of research utilising each of these methods will now follow.

Over the last fifteen years, studies utilising a survey format have consistently found that therapists are increasingly recognising the importance of clients' religious beliefs on the therapy process. Bergin and Jensen (1986, cited in Bergin and Jensen, 1990) found that only 29% of mental health professionals believed that religious matters were an important component of therapy for many clients. More recently, Shafranske and Molony (1990(b)) found that 64% of psychologists' participating in their study believed that the client's religious background significantly influenced the course and outcome of therapy, with 60% indicating that clients often used religious language to express personal experiences. However, despite a growing perception of the importance of religion in therapy, 85% of psychologists in Shafranske and Molony's study reported a lack of education and training in this area. In synthesising these two facts — the growing acknowledgement by psychologists that religious issues are an important component of therapy, and psychologists lack of training in the area of psychology and religion — Shafranske and Molony concluded that it was psychologist's *personal orientation* towards religion, rather than their clinical training, that influenced their clinical approach. Clinicians who valued religious beliefs in their own life were more willing, and felt more confident, to work with religious issues in a therapy setting. (see also Jensen & Bergin, 1988; Kivley, 1986; Shafranske & Molony (1990(a)).

Whilst the above research indicates a trend towards greater recognition of the importance of religion in therapy, generalisation of these results is not possible. Despite being national surveys, these studies only obtained response rates between 41% and 59%. This is problematic, in that the results cannot be seen to be representative of the values and attitudes of US therapists. Moreover, those who did respond may be self-selected, and this may bias results in one of two directions. Respondents may be therapists who have a particular interest in religious issues. For instance, their interest may be because they are themselves religious. Therefore, they may have provided a more favourable attitude towards religion. On the other hand, their interest may have been because they were agnostic or atheist, and hence they may have provided a more negative evaluation of the role of religious beliefs in therapy. From the data provided, it is not possible to ascertain which, if either, of these suppositions is correct.

Given the problems associated with survey research, an examination of experimental studies in this area may provide a more robust analysis of the role that client-therapist beliefs have on the therapeutic relationship.

To date, the only experimental study to explicitly examine the therapeutic relationship between religious and secular counsellors and religious and non-religious clients was conducted by Worthington and Scott (1983). Worthington and Scott examined the effects that clients' perception of their problems and counselling setting had on counsellors' goal selection for clients. In a repeated measured design, client problem perception was manipulated. Each client described one of four perceptions: religion unimportant, religion ignored,

reasonable religious responsibility and action, and unusual religious activity. In the religion unimportant condition, the client explicitly stated that she believed that religion was unimportant in solving her problem. In the religion ignored condition, the client did not mention religion. In the responsible action condition, the client attributed her problem to religion and acted responsibly on that attribution. Finally, in the unusual condition, the client attributed her problem to religion but behaved in a strange manner, reporting auditory hallucinations and ritualistic, repetitive praying etc.

In addition to the above manipulation, two levels of counselling setting — Christian (explicitly labeled as Christian or clearly identified as a pastoral counselling center) or secular, and four levels of counsellor — secular student, secular professional, Christian student, and Christian professional — were examined. Questionnaires measured counsellors' attitudes towards clients and required them to formulate a series of counselling goals.

Worthington and Scott (1983) found that both Christian and secular counsellors rated the client who attributed her problem to religion and behaved in a bizarre and unusual manner as more pathological than the other three types of client. Examining counselling setting, the authors found that secular counsellors reported liking equally the client who believed that religion was unimportant, the client who ignored religion, and the client who attributed her problems to religion but behaved responsibly. However, the client who attributed her problems to religion but behaved in an unusual manner was less well liked. On the other hand, counsellors in the Christian setting reported liking

the religious client who behaved responsibly more than the other three groups of clients, whom they reported liking equally.

The same pattern was found for counsellors' beliefs about how successful the client would be in solving her problems. Counsellors in a secular setting believed that the religious client who behaved in an unusual manner would be less successful in resolving her problem than the other three clients, whilst those working in a Christian setting believed that the religious client who behaved responsibly would be more successful in working out her problems, than the other three groups of clients.

With regard to the types of goals that counsellors set for each group of clients, Worthington and Scott (1983) found that counsellors in a secular setting usually did not conceptualise client problems in spiritual terms or set goals for the client's spiritual life, however counsellors in a Christian setting tended to conceptualise client problems in spiritual terms and were more likely to set spiritual goals for the client. These findings support the concept and effect of salience as described in SCT.

Proponents of SCT argue that individual characteristics become salient in particular situations, and that the importance of these characteristics will influence the way we categorize or judge ourselves and others. Therefore, in relation to Worthington and Scott's (1983) findings, it is argued that religion was more salient for counsellors working in a Christian setting, thus, they were more

likely to conceptualise their clients' problem in spiritual terms and to set spiritual goals for them.

The finding that counsellors working in a Christian setting judged the client who attributed her problem to religion, but displayed unusual behaviour, and the two clients who did not attribute their problem to religion less favourably than the client who attributed her problem to religion and behaved responsibly can also be explained using a SCT framework. It could be expected that the former client would be judged as a member of the in-group, because she attribute her problem to religion and sought counselling from a Christian counselling organisation. However, it could also be argued that the client's unusual behaviour might make mental health, rather than religion, the salient dimension and cause the presumably well-balanced counsellor to categorize the unbalanced client as a member of the out-group. Moreover, religious counsellors may have judged the two clients who did not attribute their problems to religion as out-group members because religion was not important to them. Further studies which explicitly examine the cognitions that underlie religious counsellors' judgements are necessary to more clearly understand these results.

Unfortunately, Worthington and Scott's (1983) study is the only study to have explicitly examined religious counsellors' judgements of religious and non-religious clients. However, studies that have examined secular therapists' treatment and judgements of such clients can shed further light on the question of the effect that clients' expression of similar or dissimilar salient religious beliefs has on the therapeutic relationship.

Studies examining secular therapists' judgements of religious and non-religious clients have measured therapists' diagnostic and prognostic impressions of clients, therapists' empathy towards clients, their judgements about the clients insight into their problems, the client's motivation to change, and the role that the client's religious beliefs have on their problems.

For example, in an analogue study, Lewis and Lewis (1985) examined forty religious and thirty-three non-religious psychologists' judgements of a religious or a non-religious client. Subjects were randomly assigned to either a religious or a non-religious condition. In the religious condition, a depressed women described her symptoms in religious terms, whilst in the non-religious condition parallel secular terms were used to describe her condition. A modified form of the Therapist Personal Reaction Questionnaire (Davis, Cook, Jennings & Heck, 1977) was used to measure counsellors' attraction to clients.

Additionally, an eight-item schedule adapted from Graham (1980) to measure therapists' prognostic views of clients was used. Questions included judgements about the client's appropriateness for therapy at a community mental health center, selection for the therapist's caseload, severity of the client's problems, the client's motivation for change and capacity for insight, the likelihood of the client making substantial progress in therapy, the estimated number of sessions required and the impact of the clients' religious beliefs on their current disorder. Finally, subjects were asked to provide a DSM-III diagnosis for the client.

Lewis and Lewis (1985) found a significant main effect for religiosity. Specifically, they found that religious therapists were significantly more likely to

select both the religious and non-religious client for their caseload than non-religious therapists. Moreover, all therapists believed that the religious client's spiritual orientation had a significant impact on her problems. Finally, all therapists believed that the religious client required fewer therapy sessions than the non-religious client, and this was particularly true for non-religious therapists, who believed the non-religious client needed almost twice as many sessions as the religious client.

On the other hand, Lewis and Lewis (1985) found that neither clients' nor therapists' religious beliefs significantly effected therapists' attraction to, or diagnosis of, the client, their judgements of the severity of the client's problems, the client's motivation to change, the client's appropriateness for therapy at a community mental health center, the client's insight into her problems, or the likelihood of the client making substantial progress in therapy.

In explaining the finding that all therapists believed that the religious client required fewer therapy sessions than the non-religious client, the authors suggest that therapists may have believed that the religious client's progress would be assisted by her religious beliefs or from additional support provided to her by her religious community. Alternatively, it is possible that therapists held a bias towards the religious client. Therapists may have believed that the religious client's *religion* was a significant problem for her, but that she was not *ill*, whilst simultaneously believing that the non-religious client's problem stemmed from a mental illness. In terms of SCT, this would suggest that, for

counsellors, religion is a salient factor in determining whether or not an individual has a “problem” or a “mental illness”.

Results similar to Lewis and Lewis' (1985) have been found in other studies. For example, Wadsworth and Checketts (1980) investigated the influence of psychologists' religious affiliations, clients' religious affiliations, and the interaction between psychologists' and clients' religious affiliation on psychologists' diagnosis of clients. Participants were asked to read and record “the one primary or most likely diagnostic label” (using DSM-III) for each case report. The religious affiliation of the client was varied to include active Latter-Day Saints, inactive Latter-Day Saints, active other, and inactive other.

Wadsworth and Checketts (1980) found that subjects provided a wide range of diagnoses for each case, ranging from alcohol-related disorders through to schizophrenia and affective psychosis, however, they did not find that clinicians' religious affiliations significantly influenced their tendency to assign various diagnoses to religious and non-religious clients, nor did they find clinicians' assignment of diagnostic labels to be influenced by patients' religious affiliation. Finally, they found no evidence to indicate that the interaction between psychologists' and clients' religious affiliation biased psychodiagnosis.

These results indicate that, when all variables other than religion are held constant, the diagnoses of psychologists in Utah, are not biased by either their own or the client's religious affiliations. In explaining these findings, Wadsworth and Checketts (1980) suggest that the task of client diagnosis is a

less personal task than that of active psychotherapy, and that it may be during this more intensely personal encounter between client and therapist that religious biases influence the therapeutic relationship. Whilst this is one possible explanation for these findings, Wadsworth and Checketts' study does not provide a means of testing this supposition.

A more methodologically sophisticated study by Houts and Graham (1986), that used three levels of religiosity, failed to replicate these findings. Houts and Graham manipulated a client's commitment to fundamentalist values and examined religious and non-religious clinicians' judgements of therapy outcomes, psychopathology, and their attribution of the locus of the client's problems. Participants were categorized as religious or non-religious after completing the Religious Attitudes Scale (King & Hunt, 1975) and then presented with three ten-minute videotapes, in which the client expressed depression and guilt relating to his girlfriend's pregnancy and abortion, and presented as either non-religious, moderately religious or very religious. Houts and Graham found that the religious values of clients influenced clinicians' judgements regardless of clinicians' own religious values. Therapists rated the moderately religious client as having a more pessimistic prognosis than either the very religious or the non-religious client and they judged the moderately religious client as being more disturbed than the very religious client. Moreover, religious therapists made more internal attributions about the cause of the non-religious clients' problems, whilst non-religious therapists made more internal attributions about the cause of the very religious clients problems. In terms of SCT, this is a clear example of in-group bias. When an individual makes

internal attributions about the problems of another person, they are saying that the problem is within the person themselves — “it is their own fault”; “they should have known better”. In Houts and Graham’s study, by making internal attributions, religious counsellors blamed the non-religious client for his problems, but were not as harsh on the religious client, whilst non-religious counsellors blamed the religious client for his problems, but were more lenient towards the non-religious client.

The unique finding of this study is that the strength of the clients’ endorsement of religious values appeared to influence clinicians’ judgements. As Houts and Graham (1986) put it:

It may not be simple affirmation or denial of religious values that influences judgements of prognosis or psychopathology, but rather the degree to which that affirmation or denial is communicated as stemming from perceived genuine conviction.
(p. 270).

The results of studies reviewed thus far are, as will be obvious, inconsistent. There are a number of methodological issues which may explain some of these inconsistencies. First, all studies relied on participants returning responses by post, which resulted in low response rates. Consequently, subjects may be self-selected and, may not be representative of the various populations examined. Second, studies such as that of Wadsworth and Checketts (1980) failed to include a manipulation check to determine whether subjects detected a

significant difference in the religious orientation of clients. Therefore, it cannot be concluded that clients' religiosity did not bias participants diagnosis. Third, all studies drew participants from small geographical areas, which precludes generalisation of results. Fourth, studies only examined a very limited number of religious beliefs, for instance Latter-Day Saints versus other (Wadsworth & Checketts), which again restricts generalisation of findings across traditions. Fifth, some studies relied on a denominational label to portray clients' religious beliefs (Gartner, Hohman, Harmatz, Larson & Gartner, 1990; Wadsworth & Checketts, 1980), whilst in others, clients' religious beliefs were presented via the client's discussion of their problems (Gorsuch & Meylink, 1988; Houts & Kenton, 1986; Lewis & Lewis, 1985; Shafranske & Molony, 1990(b)). The latter provides a more robust and plausible methodology, that places greater emphasis on the actual client-therapist interaction and more closely reflects the natural clinical setting. Finally, one of the most serious flaws in most of these studies is the fact that subject only participated in one condition, ie they only made judgements about either a religious or a non-religious client. Consequently, comparison of therapists' judgements between clients is not possible.

The most methodologically ingenious study to date sought to address this flaw by having participants' rate two case histories. To examine the influence of client-therapist political and religious beliefs on therapists' clinical judgements Gartner, et al. (1990) had clinical psychologists rate two case histories and assign a DSM-III diagnosis to each. In each pair of histories, one client endorsed an extreme ideology — right-wing political; right-wing religious; left-

wing political; and left wing-religious — whilst in the other, no mention of ideological orientation was made.

Initial analysis of both right-wing political, right-wing religious; and left-wing political, left wing-religious revealed that ideological views were similar in strength. Therefore, results were collapsed across liberal and conservative participants.

Three hypotheses were tested. First, that therapists would respond more negatively to ideological clients than to clients who held no ideological belief. This was supported: clients holding a strong ideology were more frequently judged as having an obsessive-compulsive disorder, whilst those with no ideological views were more frequently assigned the diagnosis of generalised anxiety disorder. The second hypothesis, that therapists would respond more negatively to clients whose ideological orientation was on the opposite end of the ideological spectrum to their own was partially supported: both types of counsellor expressed more empathy towards clients who held the same ideological beliefs as their own. The third hypothesis that, compared to therapists who held more moderate ideological orientations, therapists who held more extreme ideological orientations would react more negatively to clients whose ideological orientation was the opposite to their own, received limited support. Extremely liberal therapists rated clients who held right-wing beliefs as more immature than did moderately liberal therapists, however, no such difference was found for conservative therapists.

In SCT terms, the second finding (that counsellors expressed more empathy towards clients who held the same ideological beliefs as their own), is an example of in-group bias. This is consistent with an emerging body of research suggesting that extremists are strongly wedded to their extremist social identity and are thus more likely to classify those who are different to themselves as out-group members (David & Turner, 2001; Haslam & Turner, 1995).

Whilst this study is the most sophisticated of its kind to date, it is still fraught with many of the problems found in previous studies. For example, only 17% of participants returned useful surveys. Therefore, more rigorous research, which strives to control for such methodological difficulties is necessary.

Finally, another issue that has not received a great deal of attention in the literature is the effect of perceived client morality on religious counsellors' judgements of clients. This is somewhat surprising, given the breadth of topics examined to date. Whilst at least two studies have examined counsellors' perceptions of client guilt (Houts & Graham, 1986; Lewis and Lewis, 1985), to the authors knowledge, none have explicitly examined the effect of client morality on counsellors' judgements and treatment of clients.

To summarise, research examining the effects of clients' expression of similar or dissimilar religious beliefs to those of their therapist has been inconclusive. Some studies have found that the therapeutic relationship is not influenced by the match of beliefs between client and therapist, whilst others

suggest that such discrepancies do exist and may be either beneficial or detrimental to the relationship. Whilst methodological differences between studies may explain some of these inconsistencies, the increasing role of voluntary agencies such as the church in the Australian welfare sector indicate that there is a need for more rigorous study of the role of religious counsellors in the current welfare system.

Having reviewed the literature concerning the effect of client's expression of religious beliefs on the therapeutic relationship, a review of a closely related topic — religious counsellors' referral behaviour — will now follow.

1.4 Religious Counsellors' Referral Behaviour

Closely related to research concerning therapists' judgements of religious and non-religious clients is the issue of counsellors' referral behaviour. In this thesis, the referral behaviour of clergy and other religious counsellors is of particular interest. Studies that have specifically examined the referral behaviour of religious counsellors have primarily focused on clergy.

Research suggests that clergy spend between one and ten hours per week counselling, and that this occupies between 10 and 20% of their time (Gilbert, 1981; Lowe, 1986; Ruppert & Rogers, 1985; Wright, 1984). Numerous studies have found that most clergy are reluctant to refer individuals to mental health professionals (Abramczyk, 1981; Gilbert, 1981; Hohmann & Larson, 1993; Lowe, 1986; Meyer, 1980; Meylink, 1988; Mollica, Streets, Boscarino, &

Redlich, 1986; Ruppert & Rogers, 1985; Sorgaard & Sorensen, 1996; Southern, 1983; Wright, 1984). Indeed, several authors have found that less than 10% of clergy reported making a referral in the twelve months prior to their study (Larson et al., 1988; Meylink, 1988; Mollica et al., 1986; Piedmont, 1968). Moreover, those who do refer find that referral is frequently uni-directional. That is, clergy refer to psychologists, but psychologists do not reciprocate (Gorsuch & Meylink, 1988; Meylink & Gorsuch, 1988; Wright, 1984). A knowledge of these facts leads to a review of the factors that influence the choice of clergy to counsel or refer!

Investigation of the referral behaviour of the clergy has generally focussed on four main areas — individual characteristics of the clergy person and the counselling techniques used by them, characteristics of the clergy person's work environment, characteristics of clients who seek counselling from clergy and the types of problems with which they present, and the counsellors to which clergy choose to refer clients (on the rare occasions that they feel this is necessary). A discussion of each of these areas now follows.

With regard to the personal characteristics of clergy, variables such as counselling training, the type of counselling techniques used, and the theological orientation, or tradition of the clergy person have been examined.

There is a strong relationship between clergy counselling training and their referral behaviour. Specifically, the more counselling training clergy have undertaken, the more likely they are to make referrals (Gilbert, 1981; Meylink,

1988; Wright, 1984). For example, Wright found that clergy who had attended counselling workshops in the twelve months prior to his study counselled twice as many clients, spent more hours in counselling, and made three times as many referrals as those who had not attended a workshop in the previous twelve months. Given the central role of training in clergy's referral behaviour, the minimal, and sometimes poor, counselling training provided for clergy is disconcerting.

Previous research has not examined the content of clergy counselling training in detail. However, many clergy themselves report being dissatisfied with their training and desire more rigorous training in this area (Abramczyk, 1981; Lowe, 1986; Meylink, 1988; Mollica et al., 1986; Ruppert & Rogers, 1985). For instance, Abramczyk found that 66% of participants rated the counselling training they received at seminary college as "somewhat or significantly deficient" (p. 264). The clergy person's counselling training and their attitude towards counselling may also be influenced by their theological orientation and/or the theological orientation of the institution at which they trained.

Several studies have consistently found that fundamentalist and conservative clergy place less value on counselling, and undertake less counselling, than liberal clergy (Gorsuch & Meylink, 1988; Lowe, 1986; Meylink, 1988; Mollica et al., 1986). For instance, Mollica et al. found that more than 60% of traditional clergy surveyed spent less than 10% of their time counselling. To date research has not delineated the causal link between these

two factors, however several plausible explanations exist. It may be the clergy person's own theological orientation which causes them to place less value on their role as a counsellor; it may be that the institution at which they trained deemphasised their counselling role; or a combination of personal beliefs and training ethos may lead traditional and fundamentalist clergy to undervalue their role as counsellors. Whatever the explanation, it can be expected that counsellor training, or lack of such training, will significantly effect the clergy person's attitudes towards counselling and the techniques they use. Indeed, research indicates that clergy with more formal counselling training are less likely to use techniques such as prayer, Bible reading, devotional literature, or confrontation of sin in counselling, and are more likely to use techniques which aim to clarify thoughts and feelings (Lowe, 1986; Ruppert & Rogers, 1985).

In addition to the individual characteristics of the clergy person, the type of congregation clergy work in will also influence their counselling behaviour.

Characteristics such as the tradition of the congregation(s) that clergy work in (eg, fundamentalist, conservative, charismatic, liberal, etc), the size of the congregation, the socioeconomic status of the congregation and the geographical location of the parish all have a significant impact on the clergy person's referral behaviour. Studies examining congregational variables indicate that clergy working in larger parishes and those in parishes with higher congregational incomes tend to refer more frequently than those in smaller parishes and parishes with lower incomes (see Meylink and Gorsuch, 1988 for a comprehensive review). There are several possible explanations for these

findings. Larger congregations are usually found in urban or metropolitan settings, where there is a greater proliferation of mental health services.

Therefore, clergy may have a wider choice of referral options. Similarly, clergy in parishes with higher incomes may feel that their parishioners can afford to pay a professional counsellor and, thus, feel a greater freedom to refer. On the other hand, clergy in small rural areas, and those in parishes with smaller incomes may feel that their referral options are limited because of either a lack of specialised counselling resources or the client's limited financial resources. These thoughts are speculative. However, a study by Gilbert (1981) supports the idea that smaller parishes may not have access to adequate counselling resources. Gilbert found that 20% of pastors reported that there were no mental health facilities within a reasonable driving distance of their congregation. Thus, it may be that clergy are counselling clients, despite their acknowledged lack of training, because they feel that there are no available alternatives. This is disconcerting, given that many clergy see people with the same types of problems as professional counsellors.

The kinds of problems presented to clergy also influence their referral behaviour. As just indicated, numerous studies have found that clergy and specialised mental health professionals are generally presented with the same types of problems, with the exception of alcohol and drug abuse, which are rarely presented to clergy (Gilbert, 1981; Hohmann & Larson, 1993; Larson et al., 1986; Lowe, 1986; Mollica et al., 1986; Worthington et al., 1996; Wright, 1984). The problems most frequently presented to clergy include marital conflict, salvation concerns, grief, depression, anxiety, and guilt (Abramczyk,

1981; Lau & Steele, 1990; Ruppert & Rogers, 1985). The severity of the problems presented to clergy also influences their referral decisions.

Ruppert and Rogers (1985), argue that clergy's decisions to counsel or refer may be related to the intensity of counselling which they believe the individual needs. The authors postulate that clergy may be more willing to refer individuals whom they believe need more intensive treatment than they are prepared to offer. This is consistent with Larson's (1964) findings, that clergy were more likely to refer a male described as violent and paranoid (29%), than a women having sexual and marital problems (6%).

As discussed above, the socioeconomic status of those seeking counsel from the clergy and their connection with the clergy person's church may also influence the cleric's decision to counsel or refer. Several studies have found that financially disadvantaged individuals are more likely to seek counsel from the clergy than from a mental health service (Abramczyk, 1981; Larson et al., 1988; Meylink & Gorsuch, 1988), and that clergy are more likely to counsel individuals who are members of their own parish (Abramczyk, 1981; Ruppert & Rogers, 1985).

Despite the plethora of research which indicates that clergy prefer to counsel individuals themselves, instead of referring them to a specialised mental health professional, it is interesting to consider the type of counsellor(s) clergy refer to when they decide to refer.

Consistent with previous research, Ruppert and Rogers (1985) found that clergy were reluctant to refer individuals to mental health professionals. However, they found that when clergy did make referrals 60% of them preferred to refer to a mental health professional, rather than another clergy person. More importantly, clergy preferred to refer to a Christian mental health professional. This latter finding is consistent with the findings of Wright, who found that:

Knowing the religious orientation of a mental health worker or agency in making a referral is more than 'moderately important' (Wright, 1984), p. 298).

These findings raise questions about the referral role of clergy and other religious counsellors in the Australian welfare system, and is an issue that will be investigated in this thesis.

On the basis of the above research, and SCT, it is predicted that Australian religious counsellors will be reluctant to refer religious clients to a professional counsellor. However, when they believe that referral is necessary, they will prefer to refer a religious client to a counsellor with similar beliefs to themselves and the client.

To summarise, the literature covered in this review indicates that research examining the effect clients' expression of religious beliefs has on the therapeutic relationship with religious counsellors has been sparse. There are several reasons why further work is warranted in this area. First, the current

health policy of economic rationalism in Australia means that only individuals who are in a life threatening situation are receiving assistance from community services, and governments are increasingly relying on voluntary welfare agencies, such as the church, to pick up the slack. Second, American studies indicate that between 22% and 50% of individuals experiencing an emotional or mental health problem consult a clergy person rather than a specialised mental health professional. Thus, it is necessary to determine whether such figures are reflected in Australian society. Third, American studies suggest that clergy are counselling people with the same types of problems as those presented to mental health professionals, but that they have limited counsellor training and are reluctant to refer individuals to a mental health professional. Again, it is important to determine whether this is the case in Australia. If it is, it is imperative that appropriate strategies be devised to better equip religious counsellors to undertake this role. Given these findings, the current study will examine the effect that clients' expression of religious beliefs has on Australian religious counsellors' attraction to, judgements of, prognosis of and referral of, religious and non-religious clients.

The next chapter will detail the first study. In this study, clients' religiosity was manipulated and counsellors were asked to rate a religious and a non-religious client along a number of dimensions.

Chapter Two - Counsellors' Judgements of Religious and Non-Religious Clients

This study draws on the principles of Self-Categorization Theory to examine the effect that clients' expression of religious beliefs has on religious counsellors' judgements of them. As discussed in the previous chapter, two possibilities will be explored. First, because religious counsellors' religious identity will become more salient when they counsel clients who discuss their religious beliefs, and since fellow in-group members are more positively evaluated than out-group members, religious counsellors may categorize overtly religious clients as in-group members. Thus, they may judge these clients more favorably than non-religious clients (in-group favoritism). Furthermore, because religion will presumably be more salient for counsellors who trained in an institution with a religious focus, it is believed that such in-group favoritism will be more true for these counsellors than for counsellors trained in an institution with a secular focus. Alternatively, it is possible that counsellors' desire to continue to think more positively about the religious in-group will have the opposite effect when in-group members display undesirable behaviour (the "black sheep effect"). If this is the case, religious counsellors may judge religious clients who describe "pathological" experiences more harshly than non-religious clients. Moreover, on the basis of the reasoning provided above for counsellors trained in a religious institution, if we see evidence of the "black sheep effect", it may be stronger for these counsellors than for those with secular training. Finally, it is expected that religious counsellors' will prefer to refer religious clients to counsellors with similar beliefs to themselves and the client's.

2.1 Method

2.1.1 Participants

Two-hundred-and-eleven research packages were distributed to members of a chaplains conference, whose participants came from across Australia. One-hundred-and-seven (50.7%) returned completed questionnaires. One participant's data was eliminated from the study because they reported having no counselling experience.

Forty-eight males and 58 females, aged between 29 and 77, participated in the study. Participants came from a variety of denominational backgrounds, including 44 Anglicans, 2 Assemblies of God, 4 Baptists, 42 Catholics, 4 Presbyterians, 1 Salvation Army, 5 Uniting and 5 "other". Similarly, participants represented a variety of traditions including Conservative (17), Charismatic/Pentecostal (16), Evangelical (23), Liberal (31), Reformed (5) and "other" (13). Forty-five participants were ordained, 23 were members of a religious order and 38 were lay members of the church. The majority of participants worked in an urban setting (56), with 24 working in a rural setting and 25 working in both.

There was great diversity in the level of training amongst participants. The majority of participants had undertaken Clinical Pastoral Education (53). (This is a 26 week course, that generally equips clergy and other pastoral carers to provide pastoral care to individuals in hospitals, nursing homes and goals). Twenty-one had completed a diploma or certificate in counselling, 10 had attended seminars about pastoral care, four held a post-graduate counselling

qualification, three had a bachelors degree in counselling, nine had other counselling qualifications and six had no formal qualifications. Likewise there was enormous variation in the duration of the training participants had undertaken, ranging from two months to eleven years. The time period during which individuals obtained their qualifications ranged from 1952 to 2000.

Participants reported having between one to 40 years actual counselling experience. Sixteen subjects did not respond to this question. The length of participants counselling experience was grouped and is displayed in Table 1. Nineteen participants had between one and five years practical experience, 28 had between six and ten years experience, 10 between 11 and 15 years, 17 between 16 and 20 years, 6 between 21 and 25 years, 6 between 26 and 30 years, and 4 participants had more than 30 years of practical counselling experience.

Data regarding the types of environments that counsellors worked in also revealed a great deal of heterogeneity. The majority of counsellors provided counselling services in a hospital, nursing home or retirement village environment (43), 27 counselled in either their own home or the client's home. Eleven participants counselled in a parish office, eight in a school or university, two in a community health center and one at a pastoral counselling center. Six participants counselled in more than three settings. Counsellors reported that their counselling activities accounted for between one and 100 percent of their working week.

Seventy-five participants reported receiving professional supervision and 31 reported that they did not receive any supervision. Of those supervised, 22 reported being supervised by a clergy person, 22 received supervision from a psychologist or psychotherapist, seven were supervised by a member of a religious order, six by another counsellor and three participants received supervision from peers.

Table 1
Years of Counselling Experience (Grouped)

Number of Years	Frequency	Percentage
1-5	19	17.9
6-10	28	26.4
11-15	10	9.4
16-20	17	16.0
21-25	6	5.7
26-30	6	5.7
>30	4	3.8
Missing	16	15.1
Total	106	100

2.1.2 Design and Analysis

A within-subjects design, with one independent variable — religion (religious or non-religious client) was used. Case histories, portraying either a religious or a non-religious depressed female client, were randomly assigned to participants and the order of client presentation counterbalanced to control for order effects.

The dependent variables included: counsellors’ judgements about the severity of the client’s problem, counsellors’ warmth towards the client, the counsellor’s perception of the client’s motivation to change, the counsellor’s

assessment of whether they would like the client if they had first met them socially, counsellors' perception of the client's insight into her problem, the likelihood of the client working out her problems, the client's appropriateness for counselling at a pastoral counselling center, how much the counsellor liked the client in comparison to other clients, the impact the counsellor believed the client's spirituality had on her current problems, the number of sessions the counsellor believed the client would require, how frequently counselling sessions would be needed, appropriateness for participants to select the client for their case load, the effect of guilt on the client's problems, appropriateness for the counsellor to refer the client, who the counsellor would refer the client to, whether they would prefer to refer the client to a counsellor with similar beliefs to those of themselves and the client's, and how religious the counsellor perceived the client to be.

Originally, it was envisaged that factor analysis would be used to collapse these variables into four factors, including: counsellors' judgement of the client; counsellors' judgements about the client's problems; counsellors' judgement of the impact of religion on the client's problems; and counsellors' judgements about referral. However, different variables loaded on each factor for the religious and the non-religious client. Thus, a decision was made to use Multivariate Analysis of Variance (MANOVA) to analyse the data.

2.1.3 Materials

Two case histories were used, one in which the client was portrayed as religious and another non-religious. Each portrayed a depressed female client, and pre-testing with clinical psychology Masters students from the Australian National University determined that the degree of depression, was equivalent. The case histories were counterbalanced, so that in half of the research packages “Jane” was religious and “Kay” was non-religious and in the other half “Jane” was non-religious and “Kay” was religious. The case histories were approximately equal in length, with the case history for Jane being 701 words and Kay 668 words (see Appendix D).

2.1.4 Measures

A demographic information sheet was used to collect basic information about participants age, sex, religious affiliation, the counsellor training they had received, the extent of their practical counselling experience and the environments in which they had worked (see appendix C).

A questionnaire was designed by the author to collect information about participants attitude towards the client, for instance “I would like to feel more warmth towards Jane than I do now.”; their judgement of the severity of the client’s problems, “Kay has a serious problem.”; their prognosis for the client, “I think Jane will work out her problems.”; the impact they believed the client’s religious beliefs had on her current problems, “Kay’s spirituality has a large impact on her disorder.”; their beliefs about referral, “It would not be appropriate for me to refer Jane.”; and the types of counsellor to whom they would be

willing to refer clients, “I would prefer to refer Kay to a counsellor with similar religious beliefs”.

In designing the questionnaire, the author drew on a previous study by Lewis and Lewis (1985). Lewis and Lewis used a modified form of the Therapist Reaction Questionnaire (Davis, et al., 1977) to measure therapists’ impressions of clients and a schedule from Graham (1980) to measure therapists’ prognostic expectations. Questions about the client’s religious beliefs were developed separately.

Most questions used a four-point Likert-scale, where one represents strongly disagree and four strongly agree. Three questions used a categorical scale. These investigated: the number of sessions the counsellor believed the client would require, ranging from 1 to greater than 20; how frequently the counsellor believed they would need to see the client, ranging from twice weekly to monthly; and who the counsellor would prefer to refer the client to — psychiatrist, psychologist, social worker, priest, or pastoral counsellor, (see Appendix E for full questionnaire).

2.1.5 Procedure

Participants were provided with a survey package, including a consent form (Appendix A), a list of instructions about the survey (Appendix B), a demographics information sheet (Appendix C), the two case histories (see Appendix D for the four possible case histories), and two copies of the questionnaire, one for each case history (Appendix E).

Participants completed the survey independently. After signing the consent form, they were asked to complete the demographics sheet. Participants were then instructed to read the first case history and complete the questionnaire for that history. Following this, they were asked to repeat this process for the second case history. At the completion of the survey, participants placed their completed questionnaires in a preaddressed envelope and either placed them in a box provided at the conference or mailed them to the author.

2.2 Results

2.2.1 Manipulation Check

To ensure that participants had assigned the correct level of religiosity to each client, (a manipulation check) the question “How religious do you perceive Jane/Kay to be?” was asked at the end of the questionnaire. This was measured using a four-point Likert scale, where one represented “not at all religious” and four was “very religious”. As can be seen from Table 2, a t-test showed that the difference was significant ($t_{(105)}=13.07, p<.001$). Participants rated the religious client as moderately religious ($M=3.05, SD=0.70$) and the non-religious client as mildly religious ($M=1.84, SD=0.78$).

2.2.2 Counsellors' Judgements

A four-point Likert scale, where one represented strongly disagree and four strongly agree, was used to measure counsellors' judgements of clients. The means and standard deviations for the variables examined appear in Table 1.

Initially, the current study sought to replicate that of Lewis and Lewis' (1985). A within-subjects multivariate analysis of variance (MANOVA), using Wilks; Lambda as the criterion, was used to do this. The dependent variables included in the analysis were the counsellor's judgements about the severity of the client's problem, the likelihood that the client would workout her problems, the number of counselling sessions counsellors' believed clients would require, the counsellor's perceptions of the client's insight into her problems, her motivation to change, appropriateness for participants to select the client for their case load, appropriateness for counselling at a pastoral counselling center and the effect that counsellors believed the client's spirituality had on her problems. There was a main effect for religion ($F=7.40, p<.001$).

Further exploration of this significant effect using univariate analysis of variance (ANOVA) revealed significant effects only for insight ($F=4.49, p<.05$) and spirituality ($F=45.76, p<.05$). As can be seen from Figure 1, counsellors perceived the non-religious client as having more insight into her problems ($M=3.13, SD= 0.63$) than the religious client ($M=2.95, SD= 0.77$). Perhaps, not surprisingly, and as can be seen in Figure 2, counsellors believed that spirituality had a greater impact on the religious client's problems ($M=2.89, SD= 0.77$) than it did on the non-religious client's ($M=2.33, SD= 0.84$). Thus, the significant

main effect for religion can be seen to be a result of counsellors' perceptions that the non-religious client was more insightful, and that the religious client's spirituality had a greater impact on her current problems.

Table 2

Means and Standard Deviations for Counsellors' Judgements of Religious and Non-Religious Clients'

Dependent Variable	Religious		Non-Religious	
	M	SD	M	SD
Religiosity of client	3.05	0.70	1.84	0.78
Problem severity	3.66	0.63	3.53	0.59
Client will work out problems	1.93	0.69	1.86	0.75
Number of sessions	3.48	0.80	3.51	0.90
Frequency of sessions	3.48	0.73	3.50	0.90
Client insight into problem	2.95	0.77	3.13	0.63
Client motivation to change	2.07	0.75	1.98	0.72
Therapist warmth to client	2.14	0.79	2.10	0.72
Therapists liking of client compared to other clients	2.03	0.58	1.99	0.53
Therapists liking client socially	2.37	0.72	2.41	0.70
Appropriateness to counsel	2.42	0.77	2.48	0.73
Appropriateness to refer	1.77	0.81	1.85	0.70
Counselling at a pastoral center	2.17	0.92	2.22	0.88
Refer to counsellor with similar religious beliefs	2.28	0.83	2.18	0.66
Role of guilt in clients problem	3.05	0.80	2.87	0.70
Affect of spirituality on problem	2.89	0.77	2.23	0.84

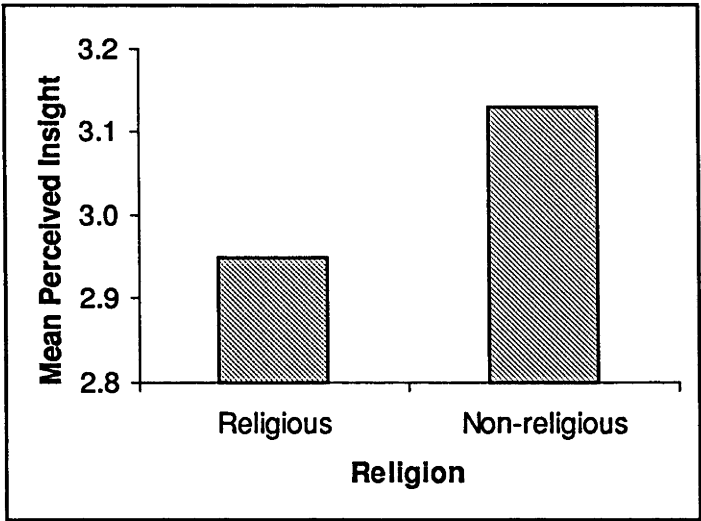


Figure 1. Mean perceived insight for religious and non-religious clients.

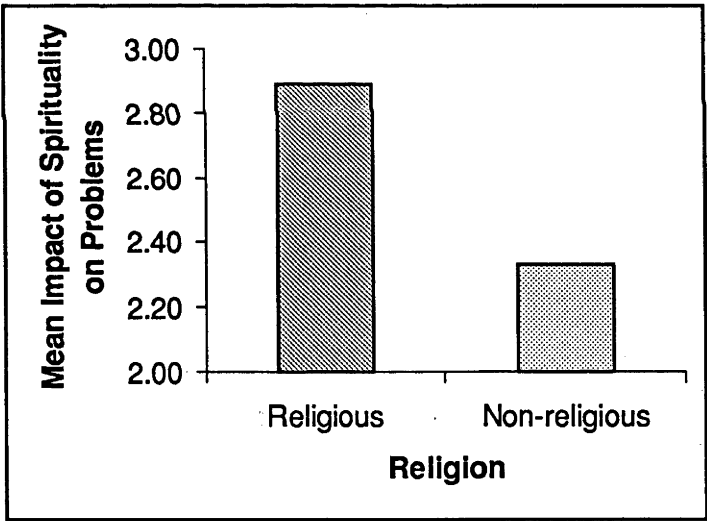


Figure 2. Mean impact of spirituality on the problems of religious and non-religious clients.

In extending Lewis and Lewis’ (1985) research, the current study examined the effect of additional variables on counsellors’ judgements of

religious and non-religious clients. These included counsellors' warmth towards the client, the counsellor's liking of the client compared to other clients, the counsellor's assessment of whether they would like the client if they had first met her socially, who the counsellor would refer the client to, whether they would prefer to refer the client to a counsellor with similar beliefs to their own and those of the client, the effect of guilt on the client's problems, and the frequency of therapy sessions needed. Once again, a MANOVA revealed a significant main effect for religion ($F=3.87, p<.001$).

A univariate ANOVA again revealed a significant main effect for insight ($F=4.49, p<.05$), with the non-religious client again perceived to be more insightful than the religious client. Similarly, a significant main effect was again found for spirituality ($F=45.76, p<.001$).

The current study also examined the effect that the type of counsellor training that counsellors received had on their judgements of religious and non-religious clients. Counsellors were grouped into two categories, based on their qualifications: those who had attended seminars about pastoral care, or who had a qualification in Clinical Pastoral Education were assumed to have trained in an institution with a religious focus; and those with a Diploma, Certificate, Bachelors degree, postgraduate counselling qualification, or another counselling qualification were assumed to have trained in an institution with a secular focus. The means and standard deviations of counsellors' judgements of clients for both groups of counsellors appear in Table 3.

A MANOVA, with one within-subjects variable (religion: religious or non-religious) and two between-subject variables (level of counsellor training: religious or secular institution; and counsellor position: ordained, religious, or lay) was used to test predictions concerning the effect of counsellors' training and position on their judgements of religious and non-religious clients.

There was a significant main effect for religion ($F=3.30, p<.001$), and a significant main effect for level of training ($F=1.80, p<.05$). However, there was no significant main effect for position ($F=1.30, p>.05$), nor were there significant interactions between religion and position ($F=1.23, p>.05$), or religion and level of training ($F=0.75, p>.05$).

Univariate ANOVA's for the religion main effect once again revealed significant effects for insight ($F=5.10, p<.05$), and spirituality ($F=41.62, p<.001$). The picture painted for these two variables is the same picture as has been discussed previously.

Univariate ANOVA's for the level of training, between-subjects, main effect only revealed significant effects for the counsellor's perception of how motivated the client was to solve her problems ($F=5.69, p<.05$), their perception of the client's level of insight into her problems ($F=8.37, p<.005$), and whether or not the counsellor felt it was appropriate for them to counsel the client ($F=5.67, p<.05$).

Table 3.
Means and Standard Deviations for Counsellors' Judgements by the Type of
Counsellor Training Received

Dependent Variable	Religious		Secular	
	M	SD	M	SD
Problem severity	3.61	0.06	3.59	0.10
Client will work out problems	1.89	0.07	1.95	0.12
Number of sessions	3.57	0.08	3.36	0.12
Client insight into problem	2.93	0.07	3.28	0.11
Client motivation to change	2.08	0.07	1.79	0.10
Client warmth to client	2.13	0.08	2.02	0.13
Therapists liking of client				
compared to other clients	2.03	0.06	1.92	0.09
Therapists liking client socially	2.42	0.08	2.40	0.12
Appropriateness to counsel	2.37	0.70	2.67	0.11
Appropriateness to refer	1.81	0.08	1.84	0.12
Counselling at a pastoral center	2.20	0.08	2.24	0.12
Refer to counsellor with similar				
religious beliefs	2.19	0.08	2.13	0.13
Role of guilt in clients problem	2.89	0.07	3.05	0.11
Affect of spirituality on problem	2.47	0.08	2.70	0.12

As can be seen in Figure 3, counsellors whose training had a religious focus believed that clients were more motivated to solve their problems ($\underline{M}=2.08$, $\underline{SD}=.07$) than did those with secular training ($\underline{M}=1.79$, $\underline{SD}=.10$). Conversely, Figures 4 and 5 indicate that counsellors with secular training believed that clients had more insight into their problem ($\underline{M}_{(Secular)}=3.28$, $\underline{SD}=.11$) and that it was more appropriate for them to counsel the client ($\underline{M}_{(Secular)}=2.67$, $\underline{SD}=.11$), than did counsellors whose training emphasised religion ($\underline{M}_{(Religious)}=2.93$, $\underline{SD}=.07$, and $\underline{M}_{(Religious)}=2.37$, $\underline{SD}=.70$).

To summarise, counsellors whose training had a religious focus believed that clients were more motivated to solve their problems than those with a secular counselling qualification. However, those with a secular qualification believed that clients had more insight into their problems and that it was more

appropriate for them to counsel clients than counsellors whose training emphasised religion.

The current study also examined the referral preferences of religious counsellors. A categorical measure was used to investigate counsellors' referral preferences. The Wald statistic, which tests the marginal homogeneity for two related samples (Bhaplear, 1966, in Agresti, p. 359, 1990), was used to analyse these data. A routine for this procedure was provided by Smithson (2000). There were significant difference in participants referral preferences for the religious and the non-religious client, ($\chi^2_{(4,1)}=16.22, p < .05$).

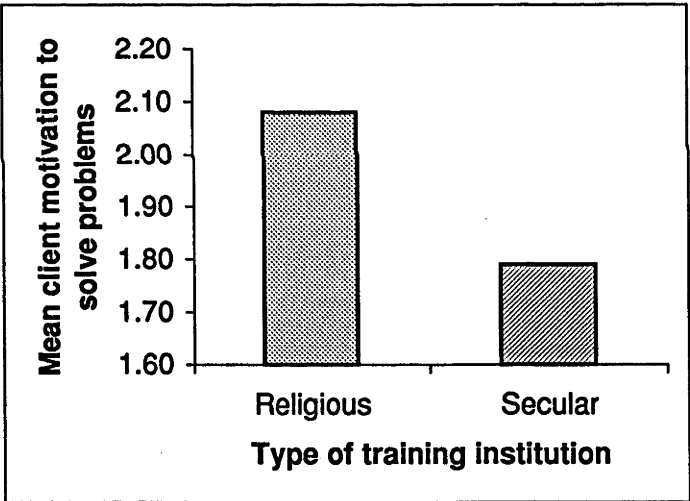


Figure 3. Mean client motivation to solve problems by type of training institution.

A binomial test was used to further examine these differences. Only three participants chose to refer the religious client to a priest. Therefore, the categories of priest and pastoral counsellor were collapsed, as such a low

response rate would make the analysis unreliable. There was a significant difference in participants' preference to refer the religious and the non-religious client to a Christian counsellor ($\chi^2_{(5,28)}=0.179, p < .001$). However, there were no significant differences in participants choice to refer the religious and non-religious client to a social worker ($\chi^2_{(8,10)}=.080, p > .05$), a psychologist ($\chi^2_{(27,49)}= .055, p > .05$) or a psychiatrist ($\chi^2_{(27,47)}= .514, p > .05$).

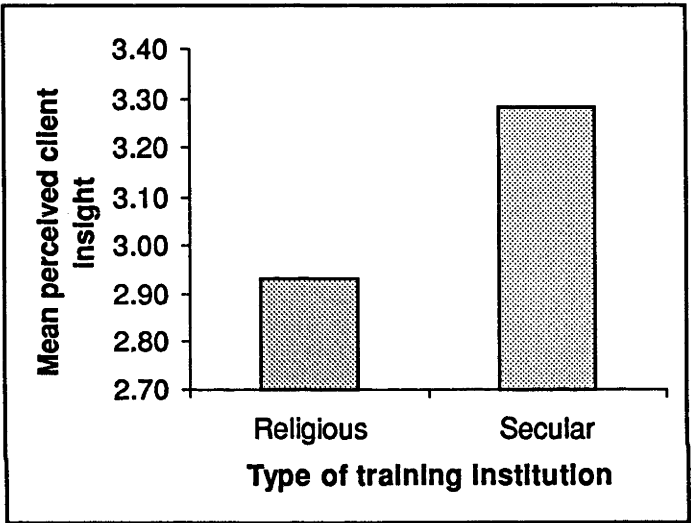


Figure 4. Mean perceived client insight by type of training institution.

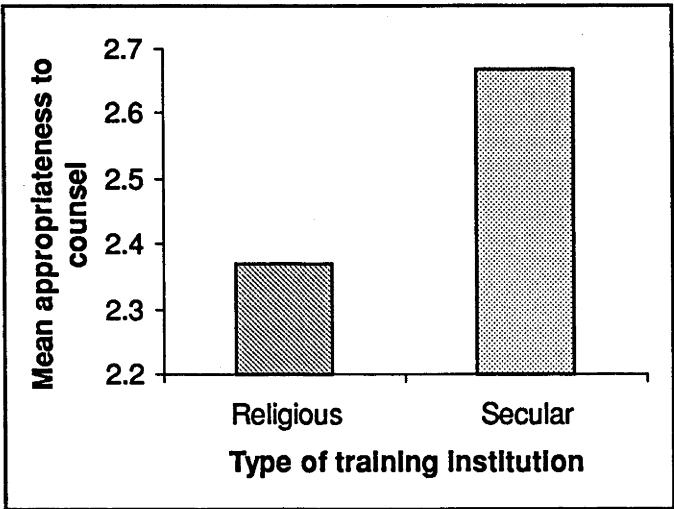


Figure 5. Mean appropriateness to counsel client by type of training.

As can be seen in Table 4, and not unexpectedly, participants reported that they would refer the religious client to a Christian counsellor more frequently (33) than they would the non-religious client (15).

Table 4
Frequencies of Counsellor's Preferred Referral Choice

Type of Counsellor	Religious Client	Non-religious Client
Christian counsellor	33	15
Social worker	4	10
Psychologist	35	40
Psychiatrist	31	38
Total	103	103

In summary, religious counsellors preferred to refer religious clients to a counsellor with similar beliefs to both themselves and the client. However, there were no significant differences in their choice to refer religious and non-religious clients to a social worker, a psychologist or a psychiatrist.

2.3 Discussion

This study examined the effect of clients' religious beliefs on religious counsellors' judgements of them. The rationale for the study was based on SCT, which posits that individuals will identify with similar others and distance themselves from dissimilar others. Two possible outcomes were examined. First, because religious counsellors' religious identity would become salient when they counselled clients who discussed their religious beliefs it was possible that they would categorize obviously religious clients as in-group members and thus, judge them more favourably than non-religious clients. On the other hand, it was also possible that counsellors desire to continue to think positively of the

religious in-group would have the opposite effect, leading them to categorize religious clients who discuss “pathological” experiences as out-group members and, consequently, judge them more negatively than non-religious clients. This latter hypothesis was partially supported, in that counsellors judged the religious client as having less insight into her problems than the non-religious client, and they also believed that her spirituality had a greater impact on her problems than it did on the non-religious client’s problems.

There was no support for the hypothesis that counsellors trained in an institution with a religious focus would judge religious and non-religious clients differently (either positively or negatively). The alternate hypothesis, two b, that counsellors trained in a religious institution may judge both clients more favourably than those trained in a secular institution was partially supported. That is, despite both groups of counsellors being religious, there was a significant difference in their judgements of *all* clients, depending upon the type of training institution they attended, but those trained in a religious institution were not always more positive. While counsellors trained in a secular institution judged clients to have more insight into their problems and believed that it was more appropriate for them to counsel clients than those trained in a religious institution, counsellors trained in a religious institution believed that clients had more motivation to change.

Finally, partial support was found for the hypothesis that religious counsellors would prefer to refer religious clients to counsellors with similar

beliefs to those of themselves and the client. Religious counsellors referred twice as many religious clients, as non-religious clients, to a religious counsellor.

One of the aims of the current study was to replicate the design of Lewis and Lewis' (1985) study. Therefore, before discussing the above findings in detail, the results from our replication and Lewis and Lewis' findings will be compared.

Both Lewis and Lewis' (1985) study and the current study found a significant main effect for client religiosity, indicating that counsellors treated religious and non-religious clients differently. An important finding replicated by the current study was a significant effect for spirituality, with counsellors indicating that spirituality had a greater impact on the religious client's problems than on the non-religious client's problems.

The largest discrepancy between our results and those of Lewis and Lewis' (1985) was Lewis and Lewis' finding that patients' religious beliefs did not significantly influence therapists' judgements about the amount of insight clients had into their problems. Contrary to this, we found that religious counsellors believed that the non-religious client had more insight into her problems than the religious client.

There was also a discrepancy between our study and that of Lewis and Lewis' (1985) concerning counsellors' judgements of the appropriateness of the clients for their caseload. Lewis and Lewis found that religious therapists were

more likely than non-religious therapists to select both clients for their caseload, however in the current study no significant effect was found.

Another significant difference between the two studies concerns the number of therapy sessions counsellors believed clients would require. Lewis and Lewis (1985) found a significant effect on this dimension, with non-religious therapists believing that the religious client required significantly fewer sessions than the non-religious client, while the current study failed to find such an effect.

There are a number of explanations as to why our results differ, in some respects, from Lewis and Lewis' (1985). The two most striking differences are the religiosity of counsellors and the population of counsellors surveyed. Lewis and Lewis surveyed secular psychologists who were grouped as either religious or non-religious, based upon their religious affiliations. However, in the current study only religious counsellors, who had an active counselling role (either in the church or in a secular environment) were surveyed. Moreover, Lewis and Lewis only surveyed therapists from a small geographic region, whilst the current study surveyed a sample of religious counsellors from across Australia.

As mentioned previously, the current study sought to extend the research of Lewis and Lewis (1985) by examining the effect of a number of additional variables on counsellors' judgments of religious and non-religious clients. The additional variables included counsellors' perceived warmth towards the client, the counsellor's liking of the client compared to their other clients, the

counsellor's assessment of whether they would like the client if they had first met them socially, who the counsellor would refer the client to, whether they would prefer to refer the client to a counsellor with similar beliefs to their own and those of the client, and the effect of guilt on the client's problems.

A discussion of the specific hypothesis of this study, including the effect of these additional variables on counsellors' judgements of religious and non-religious clients will now follow.

2.3.1 Religious Counsellors' Judgements of Religious and Non-Religious Clients

This study found partial support for the hypotheses that religious counsellors would judge in-group clients who discussed "pathological" experiences more negatively than out-group clients. As indicated above, a significant univariate effect was found for counsellors' perception of the amount of insight clients had into their problems and the effect of spirituality on the client's problems. Specifically, counsellors perceived the non-religious client as having more insight into her problems than the religious client, and they believed that the religious client's spirituality had a greater effect on her problems than it did on the non-religious client's problems. The alternate hypothesis, that religious counsellors would judge in-group clients more favorably than out-group clients was not supported.

The finding that religious counsellors believed that spirituality had a greater impact on the religious client's problems is not surprising. The non-

religious client's failure to mention religion or spirituality makes it difficult for counsellors to make a causal link between her problems and spirituality.

Counsellors' belief that religious clients had less insight into their problems than non-religious clients can be explained in several ways. It may be that religious counsellors felt that the religious client was relying on an external force, such as an omnipotent God, one who is all-powerful and capable of intervening in any situation, to solve her problems for her. The religious client may have portrayed the belief that if she prayed, searched the scriptures and/or had sufficient faith, God would heal her or resolve her problems. On the other hand, counsellors may have perceived the non-religious client as more aware that she was responsible for resolving her own problems. If this were the case, the religious client's inability to recognise that she held the key to resolving her own problems may have led religious counsellors to perceive her as less insightful than the non-religious client.

A second possibility is that religious counsellors may have had difficulty integrating their counselling knowledge with their own religious values. Therefore, they may operate from two distinctive frameworks; when working in a counsellor role, they may rely on traditional counselling principles and jargon, whereas when interacting in a more religious environment they may revert to more overtly religious ways of thinking, speaking and acting. This is consistent with SCT, in that certain characteristics will become more salient for an individual in different situations. If this were the case, religious counsellors counselling clients who described their problems in religious terms may have

judged them as having less insight into their problems because they projected a belief that their problems and their religion were intertwined and they were not able to separate the two. Again, if correct, this supposition would be consistent with SCT, as counsellors would be judging religious clients as members of the out-group because, unlike themselves, the client could not distinguish their problems from their faith.

Related to both of these explanations is the possibility that the religious client's use of religious language to explain her problems may have led religious counsellors to judge her as less insightful than the non-religious client. As Brown (1988) argues, being religious can influence what one discloses and the language a person uses to describe their experience. Therefore, it may not have been the religious client's religious values per se that lead counsellors to treat her differently, but her use of religious language to describe her problems. For instance, the religious version of the scenario describing "Jane" states that 'she believes that "good Christians" do not get themselves into "these sorts of situations"', whilst in the non-religious version Jane states that 'she believes that "good people" do not get themselves into "these sorts of situations"'. A religious counsellor may interpret Jane's use of religious language to describe her adjustment to her divorce as indicating that she believes that her problem is really a spiritual one, ie that she is unable to integrate her experience of divorce with her faith. On the other hand, the non-religious description of Jane's problem may indicate her recognition that many people experience alienation from family and friends when they divorce. Thus, the non-religious client may

be judged to have correctly identified her problem, and therefore to be more insightful, than the religious client who was not able to do so.

A final possibility is that religious counsellors may have felt that the religious client was seeking comfort and solace for her situation, via her spiritual beliefs, whilst perceiving the non-religious client as being more committed to finding a solution for her problems and changing her situation. This is consistent with research by Gurin, Veroff, and Field (1960, cited in Ruppert & Rogers, 1985), who found that individuals consulting a clergy person for counselling generally reported wanting to maintain their situation, whilst those consulting a psychiatrist or other mental health professional reported wanting to change their circumstances.

These proposals are speculative. To more clearly understand these results, it would be beneficial to extend the study by asking participants to explain the reasoning behind their judgements.

Such a study would be problematic using a pencil and paper survey, however, an alternate methodology, where participants were interviewed, would allow a more comprehensive examination of these issues. Failing this, greater understanding of these results may be gleaned by comparing the findings of the current study with previous research.

The finding of the current study, that religious counsellors judged religious clients more negatively than non-religious clients, has parallels with the

findings of Worthington and Scott (1983). As previously discussed, Worthington and Scott found that Christian counsellors liked, and predicted more positive outcomes for, religious clients who attributed their problems to religion, while acting responsibly, compared to religious clients who attributed their problem to religion while exhibiting unusual or bizarre behaviour (hallucinations, delusions, etc). Worthington and Scott concluded that religious counsellors might have made this prediction because they felt greater similarity to these clients, compared to religious clients who exhibited strange behaviour. Thus, in the current study, it is possible that religious counsellors judged religious clients more negatively than non-religious clients; either because the religious client failed to recognise that it was their own actions, not those of an external force, that would help her solve her problems or because, unlike the presumably well-balanced counsellor, she was not able to separate her problems and her faith.

Whilst there are parallels between the findings of Worthington and Scott's (1983) study, our results differ from some of the previous studies reviewed. As discussed above, the greatest discrepancy between our results and those of Lewis and Lewis (1985) was Lewis and Lewis' finding that patients' religious beliefs did not influence counsellors' judgements about the amount of insight they had into their problems. Our results also differ from Wadsworth and Checketts' (1980), who found that neither therapists' nor clients' religious beliefs influenced therapists' judgements of clients. Again, the different types of counsellor and the different populations surveyed may explain this discrepancy. Similarly, our results are also inconsistent with those of Houts and Graham

(1986), who found that religious counsellors rated a moderately religious client as having a poorer prognosis than a non-religious client. It should be noted, however, that Houts and Graham's study utilised three levels of religiosity — non-religious, moderately religious, and very religious — which makes comparisons difficult.

Having discussed the effects that clients' expression of religious beliefs had on counsellors' judgements of religious and non-religious clients, we will now examine more closely the effect that religious counsellors counselling training had on their judgements of clients.

2.3.2 The Effect of Type of Training Institution on Counsellors' Judgements.

The finding that counsellors trained in an institution with a secular focus perceived clients as having more insight into their problems but less motivation to change, whilst those trained in an institution with a religious focus believed that clients had less insight into their problems but were more motivated to change may be explained by counsellors previous experience and the nature of the problems brought to them.

If it can be assumed that counsellors trained in a secular environment are generally trained to counsel a broader range of clients, and clients with more severe problems than those who trained in a religious environment, these results may reflect the fact that the experiences of counsellors trained in a secular institution have led them to have more realistic expectations of clients whilst the

experiences of counsellors trained in a religious setting have led them to have more optimistic expectations of clients. If this is the case, counsellors trained in an institution with a secular focus may have a more cynical view of clients and their treatment goals, whilst counsellors from an institution with a religious focus may be more optimistic about client outcomes. In particular, counsellors trained in a secular institution may recognise that clients have a lot of insight into their problems but that they are often not particularly motivated to change their situation. This is consistent with Prochaska and DiClementes (1982) stages of change model. They argue that change is a cyclical process, where the individual moves through a number of different phases in their efforts to change their behaviour. Thus, an individual can seek therapy without being sufficiently motivated to undertake actual change.

Another possible explanation for the above finding draws upon the hierarchy and doctrines of the church. Members of more conservative or traditional factions of the church may hold extreme views concerning the role of religious authority figures. Two beliefs that are particularly pertinent to the current discussion are the view that turning to God is the answer to all problems and the doctrine of reformation. The former belief suggests that only God or the priest/authority figure, who is God's representative on earth, can understand the client's problems. This notion can be supported by scriptures, which teach that individuals should "Trust in the Lord with all your heart and do not rely on your own insight" (NIV, 1984). Therefore, it is possible that religious counsellors trained in an institution with a religious focus judged clients as being less insightful than counsellors trained in an institution with a secular philosophy,

because the counsellors themselves believed that only God or the religious authority figure (which in the case of clergy, would be themselves) could have insight into the client's problems. Alternatively, such counsellors may draw on the doctrine of reformation, which states that "if anyone is in Christ, he is a new creation; the old is gone, and the new has come!" (NIV). Thus, the counsellor may have believed that, by seeking counsel from a religious counsellor, the client would strive to follow the course of action prescribed by the religious authority figure or God, consequently they would have judged the client as being highly motivated to change. Moreover, it could be expected that these beliefs would be more salient for religious counsellors trained in a religious institution, than for those trained in a secular institution.

Closer consideration of the exact nature of counsellors' training, and the environments that most counsellors counselled in, suggests yet another possible explanation for this finding. Fifty percent of counsellors had undertaken Clinical Pastoral Education. Typically, such training aims at preparing individuals to visit the sick in hospitals or nursing homes. Therefore, it could be expected that counsellors trained to work in these environments, with specific skills, might encounter many individuals who have little insight into their problems but are highly motivated to change. For instance, an individual with a chronic illness may ask why God is doing this to them, indicating poor insight, whilst simultaneously being highly motivated to recover and leave hospital. If this were the typical experience for such counsellors, they may have a tendency to judge the majority of clients as portraying this pattern.

To date the exploration of this finding has largely been based upon an assumption that religious training institutions place a higher emphasis on religion than do secular institutions. However, it is possible that this assumption is incorrect. It may be that the actual teaching of counselling skills does not incorporate religion and religious beliefs, despite the fact that individuals are studying in an institution with a religious focus. If this is the case, some spurious variable may be influencing these results. For instance, it is possible that some counsellors deliberately choose to train in an institution with a religious focus because their religious values are more salient across the whole of their lives in general. Therefore, it may be the individual's religious philosophy, as opposed to their training in an institution with a particular philosophical focus, that has influenced their judgements on these variables. For example, such individuals may choose to see the good, or even God, in all individuals. Thus, they are more optimistic about their clients' outcomes.

Alternatively, the division of counsellors into those trained at an institution with a religious focus and those trained at an institution with a secular focus may have unintentionally led to a division between counsellors with basic counselling skills and those with more advanced skills. Counsellors categorized as gaining a qualification from an institution with a religious philosophy included those who had attended seminars about pastoral care and those who had undertaken Clinical Pastoral Education. On the other hand, counsellors who had a Bachelors degree in counselling, a Diploma or Certificate in counselling, or a post-graduate counselling qualification were categorized as studying in an institution with a secular focus. Whilst consultation with individuals involved in

the training of religious counsellors generally supports this division, it is possible that such a division also separated those with more advanced counselling skills and/or more counselling experience from those with basic skills and/or less counselling experience. If this is the case, the finding that counsellors who studied in an institution with a religious focus judged clients as having little insight into their problems but more motivation to change may be explained by their lack of counselling skills and/or experience. On the other, the finding that counsellors who trained at an institution with a secular focus regarded clients as having more insight into their problems but less motivation to change may reflect their more advanced training and experience, always assuming that most clients have insight and are not motivated to change.

As mentioned above, analysis of the main effect for the type of training institution that counsellors studied in also revealed a significant univariate effect for counsellors' perceptions about the appropriateness of them counselling clients. Counsellors who trained in an institution with a secular focus believed that it was more appropriate for them to counsel both clients than did those trained in an institution with a religious focus. Two explanations already discussed above may also shed light on this finding. Again, if counsellors trained in an institution with a secular focus generally have experience counselling a broader range of clients than those trained in an institution with a religious focus, it could be expected that they would feel more comfortable counselling both clients than counsellors trained in an institution with a religious focus. Alternatively, it is reasonable to assume that those trained in an institution with a secular focus were more likely to have undertaken a course of

study that provided them with a broad range of skills, whilst those who undertook training in an institution with a religious focus may have received more specific or specialised training. This is partly supported by the fact that half of all counsellors surveyed had undertaken a course in Clinical Pastoral Education, which primarily equips individuals to visit the sick and dying. Therefore, it is possible that counsellors who trained in an institution with a secular focus felt more confident to counsel clients who were depressed, whilst those without such skills felt that they did not have sufficient skills to counsel clients experiencing the type of depression described in the case histories. It is not possible to test this supposition in the current study. However, an extension of the study where participants were specifically questioned about the topics covered in their counselling training and how confident they felt counselling clients with a broader variety of problems may test this supposition.

Interpreting the effects of the type of training institution on counsellors' judgements of clients presents an interesting challenge. However, comparison of the effect that the type of training institution had on counsellors' judgements of the amount of insight clients had into their problems and the effect that clients' expression of religious beliefs had on counsellors' judgements of religious and non-religious clients is particularly puzzling. As previously discussed, religious counsellors judged non-religious clients as having more insight into their problems than religious clients. On the other hand, further analysis which included the effect of type of training institution on counsellors' judgements revealed that counsellors trained in an institution with a religious focus believed that all clients had less insight into their problems than counsellors trained in an

institution with a secular focus. It has already been suggested that the doctrine and hierarchical nature of some factions of the church, coupled with the fact that religion would probably be more salient for counsellors who undertook training in a religious institution, may have led some religious counsellors to believe that clients were incapable of having insight into their problems. Therefore, it may be that this belief is always salient for religious counsellors, but that it is particularly salient when they are counselling clients who use religious language to describe their experiences.

These suggestions are speculative. Moreover, the author is not aware of any other research that specifically addresses the effects of the type or quality of training institution on religious counsellors' judgements of religious and non-religious clients. Despite this, such issues have significant implications for the clinical care of clients. Therefore, further research is needed to examine the effects that various types of training institutions and teaching programs that they offer have on religious counsellors' clinical judgements and practices.

Specific questions that could be addressed include the emphasis of religion in courses provided in a "religious" institution; the types of problems or disorders addressed; and the techniques taught. Research that examines the emphasis of religion in training may allow differentiation between the impact the individual counsellors' beliefs and values have on their counselling relationships, versus the impact of religious training on such relationships. It may not be the emphasis of religion teaching during training which influenced counsellors style, but rather that some religious counsellors training in a

religious environment have difficulty remaining impartial and not projecting their own beliefs onto clients. If this is the case, further instruction about remaining client centered may be necessary. With reference to the types of disorders addressed and the techniques taught, it may be entirely appropriate for some training courses to address a limited range of disorders and skills, however if this is the case, counsellors need to be acutely aware of this and have a clear understanding of their own boundaries and limitations.

There are a number of methods that could be used to explore these issues. A questionnaire format could be used to obtain information about counsellors' own beliefs and the type and content of training undertaken. Alternatively, these issues could be addressed experimentally. A study that examined counsellors' judgements of clients across two levels of counsellor — religious and non-religious, two levels of training institution — a religious focus and a secular focus, and two levels of client — religious and non-religious may prove beneficial.

Having discussed the effects that clients' expression of religious beliefs and the type of training institution in which counsellors trained had on their judgements of religious and non-religious clients, a discussion of religious counsellors' referral preferences will now follow.

2.3.3 Religious Counsellors' Referral Behaviour

Using Szasz's (1968) proposal, that there could be different types of psychiatric therapies for different groups of people, it was predicted that

religious counsellors would prefer to refer clients to counsellors with similar beliefs to themselves and those of the client. This hypothesis was partially supported. There was a significant difference in counsellors' choice of referral for religious and non-religious clients: religious clients were twice as likely as non-religious clients to be referred to a religious counsellor. However, there were no significant differences in counsellors' choice to refer religious and non-religious clients to a social worker, a psychologist or a psychiatrist. Whilst it is noted that the wishes of the client will also influence counsellors' referral decisions, this could not be addressed in the current study.

2.4 Methodological Issues

In the current study, a manipulation check indicated that we were successful in manipulating client religiosity. This is a significant finding that gives credence to our results, as several previous studies failed to measure the success of their manipulation. Additionally, studies where participants have only responded to one case history, either a religious or non-religious client, have a greater risk of introducing participant bias. Thus, the use of a within subjects design strengthens our findings, because it allowed comparison of participants responses across both religious and non-religious clients, which controls for subject bias.

To summarise, this study examined the effects that clients' expression of religious beliefs had on religious counsellors' judgements of religious and non-religious clients. We found a significant main effect for religion. Specifically, that religious counsellors believed that religious clients had less insight into their

problems than non-religious clients and that they believed that the religious client's spirituality had a greater impact on her problems than it did on the non-religious clients problems. We also found that the type of training institution that religious counsellors attended effected their judgements of clients.

Counsellors trained in an institution with a religious focus believed that *all* clients had less insight into their problems, but more motivation to change their situation than those trained in an institution with a secular focus. Moreover, counsellors trained in a secular institution believed that it was more appropriate for them to counsel both clients than counsellors trained in a religious institution. Finally, we found that religious counsellors referred twice as many religious clients as non-religious clients to a Christian counsellor.

The results of this research indicate that, whilst clients' religious beliefs may effect some areas of counsellors' judgements, such effects are not consistent and may be mediated by another variable(s). Possible mediators include the type of training religious counsellors have received, counsellor's previous counselling experience, or the doctrinal views and/or traditions of individual counsellors. Further research that seeks to clarify the specific variables that effect counsellors' judgements of religious and non-religious clients is necessary. Additionally, complimentary research, which further examines the factors that influence potential clients' choice of a religious or secular counsellor, may reveal common elements that influence the therapeutic relationship between client and counsellor.

In a second study, the author intends to extend this research by undertaking an in depth analysis of the explanations that religious counsellors provide for their judgements concerning the amount of insight and motivation that religious and non-religious clients bring to counselling. Details of the methodology and results of this study will be presented in the next chapter.

Chapter Three - Counsellors Explanations of Clients' Insight and Motivation

The aim of this thesis was to examine the effects that client religiosity has on religious counsellors' judgements of them. The initial study revealed several statistically significant findings. Of particular interest to the current study are the following. Religious counsellors believed that non-religious clients had more insight into their problems than religious clients and that the religious client's spirituality had a greater impact on her problems than it did on the non-religious client's problems. Furthermore, when examining the effect that counsellors training had on their judgements, it became apparent that counsellors trained in a religious institution believed that all clients had less insight into their problems than did counsellors trained in a secular institution. However, the same counsellors believed that clients had more motivation to change. Our next step is to explore the reasoning behind these judgements.

In the present study, the author intends to examine the specific questions of whether or not the type of institution that religious counsellors trained in influences their judgements regarding the amount of insight and motivation that clients bring to counselling, and whether or not counsellors trained in these institutions provide different explanations for their judgements. In particular, the aim of this study is to explain the findings from study one. To do this, a methodology that allows for exploration of broad themes, ie perceptions of client insight and motivation, is required. Qualitative research methods, such as content analysis, allow this type of analysis (Greenhalgh; 1997; Patton, 1990). Therefore, they are the tool of choice for the current study.

3.1 The Qualitative Approach

Numerous authors have argued that qualitative research methods may be used to explore complex clinical and psychosocial phenomena, particularly in areas where little is known about the topic of interest (Greenhalgh; 1997, Morse, 1994; Patton, 1990).

The strength of qualitative research lies in *validity* (closeness to the truth) — ie good qualitative research, by using a selection of data collection methods ... (triangulation), ... really should touch the core of what is going on rather than just skimming the surface (Greenhalgh, 1997, p. 154-5).

When referring to “a selection of data collection methods”, Greenhalgh includes notions such as having a strong theoretical position from which to base sampling, using purposeful sampling techniques, having multiple raters code transcripts — or a portion of transcripts — and combining both qualitative and quantitative methods.

There are a number of types of qualitative analysis, including exploratory analysis and comparative analysis. Exploratory analysis, as the name suggests, involves using a semi-structured interview to explore a particular theme or idea where the investigator is unsure of the potential outcomes, whilst in comparative analysis the responses of two or more distinct groups are compared. For example, Smith, Michie, Allanson and Elwy (2000) used exploratory content analysis to investigate the communications that occurred between client and therapist during routine genetic counselling sessions. On the other hand, King,

Cathers, Polgar, MacKinnon and Havens (2000) used a comparative method to investigate the factors that ambulatory and non-ambulatory adolescents with cerebral palsy used to define success in life.

The author intends to use comparative content analysis in the current study to examine the effects that two types of counsellor training institution — religious and secular — have on counsellors' perceptions and explanations of the amount of insight and motivation that religious and non-religious clients bring to counselling.

Participants, who have trained in either an institution with a religious or a secular focus, will be interviewed and asked three questions. First, whether or not they felt that the religious and non-religious individuals that they counsel have different levels of insight into their problems/motivation to change? Second, they will be told of the findings from the first study and asked whether or not they feel that their explanations for these judgements would be similar to those of counsellors in the first study, and third, they will be asked why they think their judgements would have been similar to or different from those of counsellors in the previous study.

To increase the validity of the data collected in this study, the author will follow Greenhalgh's (1997) suggestion and use a combination of analytical tools. These will include continuing with the SCT framework that was introduced in the first study, using a combination of sampling techniques and

having a second rater code a sample of transcripts. These latter techniques will be discussed in greater detail in the method section.

The remainder of this chapter will provide a detailed outline of the method used to undertake this study, and will proceed to present the results of the study followed by a discussion of there implications.

3.2 Method

3.2.1 Participants

Participants were obtained via the authors' contacts. Six males and seven females participated in the study. Sampling ceased after 13 interviews, because saturation was reached, ie, latter interviews provided confirmation of themes that arose in earlier interviews, but failed to reveal new themes (Morse 1994).

Participants identified with two main denominations: Anglican (10) and Catholic (3). There was greater variability in the tradition that participants felt most comfortable with. Eight participants identified themselves as Liberal; two as Anglo-catholic, one as Orthodox, and two were not able to identify with a particular tradition. It is interesting to note that five of the six counsellors who trained in a secular institution identified themselves as liberal.

Because this thesis examined the effect that similarity of counsellors and clients religious beliefs had on counsellors' judgements, it was necessary to categorize counsellors along two dimensions — the type of training institution

that they trained in (religious/secular) and their current work environment (religious/secular).

Counsellors who trained in an institution with a religious focus included those who had obtained a counselling qualification from a seminary or theological college or some other church based organisation (6). Those classified as trained in an institution with a secular focus obtained a qualification from a university, technical college or other secular institution (5). Additionally, two participants had trained in both institutions. Because counsellors who trained in an institution with a secular focus generally had more advanced training than those trained in a religious institution, the latter two counsellors were categorized as having trained in a secular institution for the purposes of future discussion.

Counsellors categorized as working in a religious institution, worked in either a parish (6) or chaplaincy (3), whilst those working in secular environments worked in the public health system, an employee assistance program, or private practice (4).

The specific training of counsellors trained in an institution with a religious focus involved a combination of Clinical Pastoral Education (4), a unit or units in pastoral care (4), self-directed reading (4), attendance at seminars on counselling and pastoral care issues (2) and “other training” (3), which included training in psychodrama, and seminars at clergy retreats.

As anticipated, the training of counsellors who trained in a secular institution was much more rigorous than that of those trained in a religious institution. All counsellors trained in an institution with a secular focus held at least one tertiary counselling qualification. These included a degree in psychology or counselling (1), a graduate diploma in community or pastoral counselling (4), a post-graduate qualification in counselling or psychology (2) and a masters degree in community education and counselling or community counselling (2). All of these counsellors had also undertaken additional training, such as Clinical Pastoral Education (2), units in pastoral care (1), seminars on counselling and pastoral care (3), telephone counsellor training (1), and “other training” (4), which included training in psychotherapy, leadership training and marriage counselling. Secular counsellors also placed a much higher emphasis on continuous education than did counsellors trained in an institution with a religious focus.

3.2.2 Design and Analysis

The current study utilised a theory-based sampling paradigm (Patton, 1990). As the name suggests, theory-based sampling involves sampling a cross-section of individuals based upon a pre-determined theoretical position. Results of our first study, which was grounded in SCT, indicated that counsellors who trained in an institution with a religious focus, compared to counsellors trained in an institution with a secular focus, believed that clients brought different levels of insight and motivation to counselling. This suggests that the type of training institution that counsellors attended influenced their judgements of clients. This

is consistent with the concept of salience, and indicates that it is necessary to sample the responses of participants from both types of institution.

A combination of two sampling strategies were employed: stratified purposeful sampling and maximum variation sampling (Patton, 1990). Stratified purposeful sampling allows for identification of major variations or extremes in the population being sampled. Thus, two levels of counsellor training were examined: training obtained in an institution with a religious focus and training obtained in an institution with a secular focus, and two levels of counsellor work environment: religious environment and secular environment. Maximum variation sampling aims to gather together central themes across a variety of participants and was used to examine variation in participants responses across counselling experience, measured in years.

3.2.3 Procedure

Participants were interviewed either at their place of employment (9) or in their own home (4). Interviews were audiotaped and lasted for between 13 and 45 minutes ($M = 28.27$, $SD = 9.09$). Audiotaped interviews were professionally transcribed verbatim, with accuracy checked by the author by listening to the tape whilst reading the transcript.

A semi-structured interview, with open-ended questions, was developed. The interview contained questions in four categories: demographic information, for instance "Do you counsel both religious and non-religious clients"; questions about clients levels of insight, "Do you feel that the religious and non-religious

individuals you counsel have different levels of insight into their problems”; questions about clients’ levels of motivation, such as “Do you feel that the religious and non-religious individuals you counsel have different levels of motivation to change”; and other comments that participants wished to add (Appendix G).

3.2.4 Pilot Test

A pilot test was undertaken with one participant to ensure that the questions were pitched at an appropriate level. The only issue to arise from this concerned referring to participants as “counsellors”. When asked, “of your working week, roughly what percentage of your time is spent counselling?” the participant reported that he did not see himself as a counsellor:

I have a series of interviews with people during the week, some of them here in the office and some of them outside, and I try not to ah, call myself a counsellor and so I try not to give an impression that the people are coming for a counselling session. I suppose I see my role as a companion or an adviser to people.

In discussing this question at the end of the interview, the author asked if the participant felt that this question should be altered. A decision was made to leave the question as it stood, as the participant suggested that referring to participants as “counsellors” may assist in differentiating those who perceive themselves as counsellors, versus those who see their role as a companion, mentor or friend.

3.2.5 Analysis of Themes

The transcriptions were analysed using NUDIST, a computerised content analysis system. Content analysis is an iterative process where themes emerge from continuous, ongoing analysis of transcripts. Based upon the results of the previous study and the interview structure, a preliminary coding system was developed and revised as analysis continued. The final list of codes contained 107 items, divided into four topic areas: items related to perceived client insight, items related to perceived client motivation to change, demographic information and miscellaneous topics. These codes and their definitions can be found at appendices H and I.

3.2.6 Coding Validity

In order to validate the authors coding, an independent rater coded the questions concerning insight and motivation for four (31%) transcripts. Inter-rated reliability reached 79.98%.

3.3 Results

The results of this study will be presented in three main sections. The first will present demographic information about the counsellors and their clients, the second will discuss participants responses to questions concerning the amount of insight that clients were perceived to have, and the third will review counsellors' perceptions of the amount of motivation that clients brought to counselling. Relevant quotations from transcripts will be provided as "raw data".

3.3.1 Demographic Information

It is perhaps not surprising that counsellors working in a secular environment spent a larger proportion of their working week counselling, compared to those in a religious environment. Those working in a secular environment reported that counselling activities accounted for between 7.5 and 75% of their working week (\underline{M} =25.83, \underline{SD} =25.13), whilst those in a religious environment reported that they spent between 5 and 25% of their working week counselling (\underline{M} =16.67, \underline{SD} =8.32).

There was also heterogeneity in the religiosity of the clients that both groups of counsellors counselled. Three counsellors working in a religious environment reported that approximately 90% of their clients were non-religious, five indicated that the majority of their clients were religious and one did not know, as it was not germane to the type of counselling he was doing. One counsellor working in a secular environment counselled more religious than non-religious clients and three counselled more non-religious clients. As the following quotation indicates, counsellors working in a religious environment, who reported counselling more non-religious clients than religious clients, found that whilst much of their counselling activities occurred within a church environment, they often counselled non-religious individuals who were seeking services such as baptisms, weddings or funerals, or who arrived on the churches' doorstep because of a life crisis.

Some ... (come to the church) ... because they'd like to be married in the church. Some of them because a crisis has hit

them in their life and for one reason or another they end up on the doorstep ... and these are people who are often so lost for an answer to the question that they will try even the church, so I don't think that, they might come with some sense of God, but not always.

Finally, a measure of counselling experience was calculated from the time that counsellors completed their training. Those who trained in a religious environment had between 1 and 25 years experience ($\underline{M}=9.83$, $\underline{SD}=5.6$) whilst those trained in a secular environment had between 1 and 32 years experience ($\underline{M}=10.43$, $\underline{SD}=10.33$).

3.3.2 Counsellors' Judgements and Explanations of Clients' Insight.

As has been mentioned previously, two significant findings emerged from the previous study concerning the amount of insight that religious and non-religious clients brought to counselling. As a super-ordinate group, religious counsellors believed that non-religious clients had more insight into their problems than religious clients, however when this group was broken into two sub-categories – 1) religious counsellors trained in an institution with a religious focus and 2) religious counsellors trained in an institution with a secular focus – analysis indicated that counsellors trained in an institution with a religious focus believed that all clients had less insight into their problems than did counsellors who trained in an institution with a secular focus.

In the present study, six counsellors supported the finding from study one, believing that non-religious clients had more insight than religious clients. Half of these counsellors trained and worked in a religious environment and felt that religious clients had less insight than non-religious clients. The other half came from a secular background and believed that fundamentalist clients had less insight than others, because of their black and white thinking and their literalist views of the scriptures. On the other hand, over half of the counsellors (7) disagreed with the above group. They argued that there was no difference in the amount of insight that religious and non-religious clients brought to counselling. They believed that individual traits, as opposed to religious beliefs, influenced clients insightfulness. As can be gleaned from this summary, there was considerable heterogeneity in counsellors' judgements. This also carried over into the explanations they provided. Approximately half of counsellors believed that religiosity had a detrimental effect on client insightfulness. However, a small number felt that religiosity could have positive effects on clients' capacity for insight.

In addition to the explanations counsellors provided for their judgements, it became clear during analysis that the individual traits and beliefs of counsellors themselves had the potential to significantly influence their clinical judgements. Finally, the majority of counsellors felt that participants in study one would have had similar explanations for their judgements as themselves.

Having provided a brief overview of findings concerning client religiosity and insight, participants' responses will now be described in more detail.

Six counsellors supported the initial finding from the first study, that non-religious clients had more insight into their problems than religious clients. This group was comprised of two sub-groups: counsellors who had trained and were working in a religious environment and counsellors who had trained and were working in a secular environment. Counsellors from a religious environment felt that religious clients had less insight than non-religious clients because they tended to rely on an omnipotent God to intervene and resolve their problems, whilst the non-religious were more self-reliant. On the other hand, counsellors from a secular environment qualified their response, arguing that very rigid or fundamentalist clients definitely had less insight than others, because they saw things in black and white and took a very literal view of the scriptures. In the following pages, the explanations that these two sub-groups of counsellors provided will be outlined. Prior to doing this, however, a brief discussion of fundamentalism and the use of this term by counsellors in this study is required.

Packer (1962) defines fundamentalism as:

Maintenance, in opposition to modernism, of traditional orthodox beliefs such as the inerrancy of Scripture and literal acceptance of the creeds as fundamentals of protestant Christianity (p. 29).

Similarly, McGrath (1997) defines fundamentalism as:

A form of American Protestant Christianity, which lays especial emphasis upon the authority of an inerrant Bible, and is noted for its tendency to reject critical biblical scholarship and to withdraw from society as a whole (p. 571).

McGrath (1997) argues that American fundamentalism was a “counter-cultural movement” that used theological beliefs to define itself and set cultural boundaries:

It [fundamentalist] was from the outset, and has remained, a counter-cultural movement, using central doctrinal affirmations as a means of defining cultural boundaries. Certain central doctrines - most notable, the absolute literal authority of Scripture and the second coming of Christ before the end of time ... - were treated as barriers, indeed as much to alienate secular culture as to give fundamentalists a sense of identity and purpose (p. 123).

These arguments are consistent with SCT, with fundamentalists determining membership of the “in-group” and the “out-group” on the basis of their theological beliefs. Whilst McGrath and other authors have tended to view fundamentalism as strongly North American, the principles and practices of such individuals can also be found in other geographic locations, including Australia.

Returning to the current study, counsellors generally referred to “fundamentalism” or “fundamentalist clients” in negative terms. They viewed those who held fundamentalist beliefs as quite rigid, even dogmatic, and felt that they held very literalist interpretations of the Bible.

One counsellor with a religious background explained that:

The religious are more inclined to think it's all in God's hands and leave it at that. But they're less likely to dig deep into the real issues — they begin with all the pseudo spiritual stuff, which doesn't really get deep. Because they think they shouldn't have real issues, because God's in his heaven and all is right with the world. ...

the church people think it is somehow sinful to have problems: so the non-religious actually apologise because they have problems, because they think if they were religious they wouldn't have problems. And I need to tell them that's not the case, it doesn't work that way.

As this quotation indicates, these counsellors believed that religious clients were more inclined to rely on an omnipotent God to step in and “fix” their problems, whilst non-religious clients were more likely to recognise that they were responsible for their actions and their life, and therefore, that any insight or change depended on themselves.

In examining the origins of these beliefs, one counsellor suggested that the belief that an all-powerful God should just step in and intervene was not limited to religious clients. He suggested that, in times of crisis, non-religious clients also often turn to God and expect Him to intervene. Moreover, he suggested that the genesis of such beliefs lay in the teachings of the church, “the theology that one is brought up on”. He recounted how, during their Sunday School years, children are taught that God is a God who is all-powerful, someone to whom they can turn for help. Whilst this teaching may be helpful and comforting to a child, it is an immature and simplistic view of faith, which is unhelpful for adults in a crisis situation.

As indicated above, counsellors in this sub-group trained and worked in a religious environment. Hence, the fact that they felt that religious clients were less insightful is particularly interesting, and could indicate one of two possibilities. Perhaps these counsellors had a more salient religious identify, which somehow gave them more insight into the barriers that a religious belief may have in a counselling situation. On the other hand, clients who choose to see a counsellor with an obvious and public religious identify may be more restricted in what they discuss with the counsellor. They may use religious language to describe their problems, and/or have different expectations about how the counsellor will interact with them.

This latter possibility, that clients who seek out an overtly religious counsellor have different expectations of the counsellor, was raised by one participant who suggested that:

I think that a religious person coming to a religious person for advice comes with various preconceptions about what that religious person will say. ... if someone decides to come and see a priest or if they decide to come and see the rector of the parish, or someone who happened to be at the church in each case they come with expectations of what I, the counsellor, might say, and I doubt that I say things which are very different to what another counsellor would say but the way that people would hear it could be quite different, so I think a lot of it is to do with the presenting: that you come with preconceptions and because you come with those, you have to break down those preconceptions before you can actually engage in issues.

Whilst these counsellors felt that religious clients in general had less insight than non-religious clients, those trained and working in a secular environment qualified their response, arguing that clients with very rigid or fundamentalist religious beliefs, by their very nature, had less insight than all other clients. One counsellor articulated this very strongly. He said:

without a shadow of a doubt, fundamentalists don't have insight and I think that's a shame.

He went on to explain:

I think most people have a capacity for ... (insight), ... but the strictures of the structures that they ... (fundamentalists) ... work within, the mental structures they work within, I think work against the development of insight, particularly in terms of self-awareness, in spite of all the self-awareness programs these people engage in. ...

I guess that the more of a propositional type of religion or propositional theology that people operate with, I think the less likely they are to have insight. Because again, the mental structures involved obviate that. People are not exploring, they're not — they can only go so far to the boundary of the proposition, and no further.

Two primary explanations were given for fundamentalists perceived poor insight. These were their unquestioning adoption of a set of rigid rules and expectations and their inability to take responsibility for their lives.

The counsellor quoted above described fundamentalism as a "Cargo cult". He argued that fundamentalists embrace a propositional type of the theology, which is adopted from external sources and accepted "hook, line and sinker".

my experience of fundamentalist, well, not only clients, but with people I've encountered anyway, you know, is that it is a bit of a

cargo cult thing, in the sense that, ask and ye shall receive — taken completely out of context of course, and an expectation that God will provide. In fact, to obscene levels, in my opinion. A lot of the Pentecostals say, well, God wants to make you rich. I mean they are as blunt as that. All you have to do is to obey the rules, do the right thing, and God will do that for you, in return.

Another stated that:

One of the biggest problems is getting ...(fundamentalists) ... to own responsibility for their actions, to own their own role in creating their life. Some religions will get them to abdicate all personal responsibility and, “if I pray to God, God will show me the path and God will strengthen me and I will walk down this” and it’s usually a very narrow framework.

One participant, who explained how the fundamentalist beliefs of one of his clients significantly hampered the client’s treatment, illustrated the clinical consequences of such beliefs.

The client had suffered an industrial accident, leading to severe Tinnitus and depression, which eventually lead to the loss of his job. The counsellor explained that:

it was very difficult to help him to change because the Tinnitus was not going away and there is no treatment which is available to help it reduce, but there are ways of helping people to overcome some of it psychologically, but they need to be responsive to the treatment and also to accept the fact that they are disabled. And he was unable to do that and is unable to do it.

He went on to explain that the problem in treating this client was related to his belief that a cure was available and his fundamentalist beliefs.

it took a lot of time to convince him that, firstly, no doctor knew of any cure and secondly, it was due to the fact that he had a particularly fundamentalist view of it, so we had a long discussion about this and he made it fairly explicit, although he didn't talk that much, he wasn't able to spell it out that fully. But he prayed: he prayed a lot for relief from it. And finally we got to know each other sufficiently well, for me to suggest to him that he prayed for strength to overcome it, rather than for cure, but he objected to that. And then I tried to spell out for him the concept of God's intervention, which involved help in recovery and strength rather than changing the world, as we know it. And he then quoted back to me biblical verses that suggested that I was adding to, or subtracting from the text and that I was overdoing it.

These quotations illustrate that counsellors believed that clients with very rigid beliefs were often extremely difficult to work with. Counsellors felt that these clients inability to think outside the square, or to explore beyond very tightly defined boundaries, not only limited their insightfulness but also hampered therapeutic intervention.

The counsellors who judged fundamentalists as less insightful than other clients were all trained in institutions with a secular focus and were all working in a secular environment. This suggests that perhaps the training they received, and/or the environments that they work in help them to distinguish between different types of religious clients. In particular, those who hold very rigid beliefs. Given that these counsellors are themselves religious, it is possible that, in SCT terms, they are judging religious clients with very rigid beliefs as out-group members because they view their beliefs and behaviours as bizarre and extreme in comparison to their own and other religious clients.

The two sub-groups of counsellors described above felt that there was a difference in the amount of insight that clients brought to counselling. However, another group disagreed with this.

Seven counsellors believed that there was no difference in the amount of insight that religious and non-religious clients brought to counselling. The following quotation typifies their responses.

Certainly individuals have different levels of insight but I couldn't, off the top of my head, say that one group had more or less insight than the other.

These counsellors felt that some clients were more perceptive and brought a greater sense of self-awareness and life experience to counselling than others. They believed that it was these qualities, rather than their religiosity, which determined client insightfulness. These sentiments were summed up in the following quotation:

I don't think that being overtly religious gives you, necessarily, a greater perception about your own situation. People who are overtly religious, of course, have come to a place where they understand certain spiritual realities, such that, for instance, they understand that they are a created being. And that the author of the universe is interacting with them. But that doesn't mean that they understand themselves in the sense of the way in which they are orienting themselves to the rest of society differently. They may not be more sensitive about that in any way at all. And so, that from that perspective, people who have difficulties by way of social skills: understanding themselves, understanding other people, understanding how to make that interaction work successfully, those sorts of things, it seems to me, are perceptions and differentiations that people make, irrespective of their religious situation.

These counsellors could not be differentiated on the basis of either their training or their work environment, which suggests that neither of these factors significantly influenced their decisions.

What is interesting however, is the heterogeneity of responses between counsellors who trained and were working in a religious environment. Three counsellors believed that non-religious clients were more insightful than religious clients, whilst the other three felt that there was no difference in the amount of insight that religious and non-religious clients brought to counselling. Both groups of counsellors shared the same training and work environments. However, the counsellors who identified non-religious clients as having more insight had more counselling experience ($M=14.0$, $SD=1.0$ (years)) than those who felt that there was no difference ($M=5.6$, $SD=5.03$ (years)). Therefore, it may be the amount of counselling experience that counsellors have, as opposed to client religiosity, that leads them to distinguish between more and less insightful clients. On the other hand, the proportion of religious and non-religious clients seen by counsellors may influence their judgments. All three counsellors who said that there was no difference in the amount of insight that religious and non-religious clients brought to counselling saw predominately religious clients, whilst two of the three counsellors who thought non-religious clients were more insightful saw more non-religious clients.

The data presented to date indicates that counsellors believed that client religiosity often had a negative impact on insight. However, several counsellors felt that aspects of an individual's faith could be beneficial to the counselling

process. Some felt that the individual's faith provided an external source of strength upon which they could draw, whilst others felt that a holistic approach to counselling included the emotional, psychological and spiritual aspects of ones being. The following two quotations capture the essence of counsellors thoughts.

I think ... (the clients' faith) ... is useful for them in terms of them drawing on a strength or a power that is outside of them. Because a lot of people that have a problem, generally find that they don't have the solutions and part of the counselling process is to search for solutions for them. And I think it's the same as with Alcoholics Anonymous or Gamblers Anonymous: if we can draw on a power outside of them, and if they already have that framework, then it gives them strength to draw on something other than themselves, because they don't see themselves as being powerful, they see themselves as being powerless and also without solutions.

and

Certainly, amongst religious people there is an awareness of the spiritual realm and spiritual issues. Non-religious people come across at times as completely unawareness of that, and of how that can have an impact on their well-being, emotionally, spiritually and psychologically ... but people who are on a

spiritual journey and are aware of being on a spiritual journey, have certainly shown the greatest level of insight, so it skews it a bit up at that end.

So far, examination of the explanations behind counsellors' judgements of client insightfulness has focused on the explanations they themselves provided. However, further analysis suggests that individual counsellor characteristics may also influence their clinical judgements. Indeed, some counsellors offered this themselves!

One participant stated that counsellors may judge the client's level of insight on the basis of the similarity between his or her own beliefs and those of the client. He felt that:

if ... (the client) ... had religious affiliations and knowledge, then they would be able to enter into the world of a religious counsellor, who had certain techniques and language they want to use in order to help people to get over their problems and if they don't have that knowledge or inclination, then they wouldn't be able to address the issues in that manner, and that would be a lack of insight, or could be seen as a lack of insight ... (by the counsellor).

These concerns were supported, when one counsellor indicated that she would have difficulties interacting with clients who did not profess a religious faith.

I have found that if a person does believe in God, then that can be a foundation stone to build on. It can almost be a launching pad for me then to be able to relate their situation to Jesus and how Jesus suffered and he really understands what the person is going through. ... If the patient has no belief in God, it's very difficult then to interact in that way and to go down that path of comparing their situation with what Jesus' experiences were in His life. Occasionally, I'll come across a patient who has absolutely no belief in God and it can almost be a block then to further counselling or further conversation, in a close, meaningful way.

The first quotation indicates that the counsellor was aware that his own biases, and those of other counsellors, may influence his judgements. However, the second counsellor did not appear to understand that her biases might influence her interventions with clients, despite the fact that she later went on to comment that, in her role she was supposed to remain "neutral" and "not put her own beliefs onto clients".

In summary, the first part of this study examined counsellors' judgements of client insight. Half of counsellors interviewed felt that non-religious clients had more insight than religious clients. Some of these believed

that non-religious clients were more insightful because they were more self-reliant, whilst religious clients were perceived to rely on an omnipotent God to intervene in their problems. On the other hand, others argued that very rigid or fundamentalist clients had less insight than other clients, because their narrow and inflexible belief system led to a reduced capacity for insight. Conversely, approximately half of the counsellors interviewed felt that there was no difference in the amount of insight that religious and non-religious clients brought to counselling. These counsellors believed that individual traits, rather than religious beliefs, influenced client insightfulness.

The only distinction that could be made between counsellors, on the basis of their training and work environments, was between the two sub-groups who believed that non-religious clients were more insightful than religious clients. Those who trained and worked in a religious environment felt that all religious clients lacked insight, whilst those who trained and worked in a secular environment specifically identified fundamentalist clients as having less insight than other clients.

Moving on to compare these counsellors' explanations to the possible explanations of counsellors in the first study, eight counsellors believed that the explanations they provided for their judgements would be similar to those of participants in the first study. The participant, who felt that some counsellors' judgements may be biased by the extent of belief similarity between themselves and their clients, believed that there could be differences between his explanations and those of counsellors in the first study.

Having examined counsellors' judgements concerning the amount of insight that clients bring to counselling, an examination of counsellors' perception of the client's motivation to change will now follow.

3.3.3 Counsellors' Judgements and Explanations of Client Motivation to Change

As will be remembered, participants were asked three questions. First, whether they thought that religious and non-religious clients brought different levels of motivation to counselling. Second, what led them to this conclusion and third, whether or not they believed that their explanations would be similar to those of counsellors in the first study.

Five participants felt that non-religious clients were more motivated to change than religious clients and six believed religious clients were more motivated than the non-religious. Neither group of counsellors could be differentiated on the basis of either their training background or the environment they currently worked in. Moreover, both groups drew on similar theological doctrines to explain their judgements. These were: a perception that religious clients relied upon an omnipotent God to intervene and resolve their problems; religious clients being motivated to please God or another human being; and a feeling that some religious individuals motivation lie in their desire to uphold the doctrines and teachings of the church. The one finding that was particularly interesting was that two counsellors, both of whom were trained and working in a secular environment, believed that aspects of a religious faith had the potential to positively influence individuals seeking change. Specifically, they felt that

the ethical principles of a faith belief may provide some individuals with the strength to persevere in times of trial.

Given this overview, a detailed analysis of counsellors' judgements concerning the amount of motivation that religious and non-religious clients bring to counselling and their explanations for these will now follow.

Counsellors who felt that non-religious clients were more motivated to effect change than religious clients could not be differentiated on the basis of either their training or their work environments. They generally viewed the motivations of non-religious clients more positively and those of religious clients more negatively. For instance, they consistently felt that religious clients were more inclined to rely on an omnipotent God to step in and resolve their problems, whilst non-religious clients were more cognisant of the fact that the catalyst for change lay with themselves. One counsellor articulated this as follows:

If anything, I would have said that I see non-religious people as perhaps more motivated to change, more motivated to take responsibility perhaps. My speculation would be around the issue of taking responsibility for self and this is the life I've got to lead and if it's going to change, then I've got to change it, rather than, oh well, if I just pray hard enough or perhaps this is the cross that I'm meant to bear.

In a similar fashion, another counsellor suggested that:

If you can get through to the religious people that it's okay to have a problem, then their motivation is great. They're doing this for God and they've got very good motivation. But that's a very big "if" — you've got to get to that point first. With the non-religious people, they have a much greater sense of "it's up to me, I've got to do this", so their motivation's greater, by and large, for change, for putting things right.

The non-religious say, this is in my hands, I've got to do this, and I can't blame God. ... (whereas the religious are) ... more inclined — unless you can get through to them in the first place — it's basically, its sort of "God will look after it"; or "you've got to accept your lot". "He's given me this burden to carry."

Counsellors generally viewed the client's reliance on God in negative terms. However, one counsellor, who trained and was working in a religious environment, defined clients' willingness to change in terms of the client's ability to let go and hand control over to God. Therefore, she saw clients' reliance on God as a positive trait. She said:

If a person has faith then a lot depends on their willingness to be open, to move forward in their life, in as far as their growth in their faith and in their growth in accepting their illness and

turning their life over to Jesus to help them. A person who has no faith and is very rigid in that they want to be in control of their life themselves, and they see everything as depending on them, and it would be very difficult I think, for them, particularly in not having any hope, hope for what's going to be happening in the future. They would see that everything would depend on them and I guess that would make the burden on them much heavier. People who can be open may be more open to let go of that control and turn their life over to God who really does have more control. I suppose motivation or willingness to place their life in God's hands?

Thus, whilst most counsellors saw reliance on an omnipotent God as unhealthy, or a weakness, one person felt that it was only God who could effect change in an individual's life.

Another group of counsellors disagreed with this view. They believed that religious clients were more motivated to change than non-religious clients. One counsellor who has worked in a secular environment, but now works in a religious environment said:

In my regular pastoral care, there is great motivation to change with the people that I pastor in my church work, which I don't know that I would actually call "counselling", but with those interactions that are of the pastoral care nature, there is great

incentive for change and great motivation for change, in the sense of people wanting to grow, in their faith journey and who they are as people.

In explaining their judgements, both this group of counsellors, and those discussed above, believed that some clients may actually be motivated to please God or another human person. One counsellor said:

A lot of people have a motivation to change to please somebody else: either to please a partner or it's to please themselves to some extent, and maybe for some people it's also to please God.

Similarly, another counsellor suggested that religious clients might desire change because they feel that a particular situation is interfering with their relationship with God.

Religious people would see, in part, that the difficulties that they were having, as interfering with their relationship with God. While non-religious people are primarily interested in just straightening out the relationship for themselves.

Again, one counsellor suggested that the origin of such beliefs lie in church teaching. She argued that the church has taught people not to do things for themselves, not to instigate change for their own welfare.

people are not good at praying for themselves. So, to say, "Please God, make me well or sort this problem out", unless they're doing it for somebody else, people with that mindset usually think in terms of, "it is selfish to think of myself". And so they haven't got that motivation, I don't think, to push that. If they're doing it for their husband because Billy will be much happier if I'm a nicer person, then that can make a difference. We have taught people that it's selfish to think of yourself. Get yourself straight, put yourself first, is selfish. And that squashes that particular motivation. I need to be right with me, is not something that they'll think. And that's the Church's fault.

Other counsellors expressed similar views, believing that the motivation or lack of motivation, of some religious clients evolves from the churches teaching and doctrines. A significant issue that arose was the idea that the churches teachings could restrict people, keep them stuck, and prevent them from taking action.

This is illustrated by the account of one counsellor who recounted how she had "spent a lot of time sitting with people in difficult marriages". She reported that:

certainly the religious people have a much greater battle in leaving an abusive marriage, in making that change, than people who are not religious. Religious people do get caught up in some

of the teachings about relationships that they have heard, and a sense of guilt, a greater sense of guilt about leaving a relationship that they had promised, in the sight of God, would be for life. So certainly in that sense, I have had experience of religious people being less motivated to effect the change in their lives. It's tragic, isn't it?

For some, part of the teachings of the church is the notion that "Father knows best"; ie, that God or his representative knows what is most beneficial or necessary for an individual. The participant quoted above, who suggested that some individuals may think that whatever the situation is it is Gods will — "God will look after it", "You've got to accept your lot", or "His given me this burden to carry" — when asked where she felt these perceptions came from, she indicated that she believed that they came from clergy.

I think it goes way, way back to the old, father knows best, Father being God and the parish clergyman. It's the teaching and the culture ... (of the church) ... and the world view.

In summary, we see here religious counsellors who were trained and are now working in both religious and secular environments criticising the church, because they see it as being responsible for some religious clients erroneous motivations: their desires to please others at their own expense, and their beliefs that they somehow "deserve" their suffering.

To date, three main themes emerged from counsellors' explanations, all of which had negative connotations. These are the belief that religious clients tended to rely on an omnipotent God to resolve their problems, whilst non-religious clients were far more likely to be self-reliant, that religious clients were often motivated out of a desire to please God or another individual, and that the teaching of the church contribute to maladaptive and unhealthy motivations for some religious clients. However, the corollary to this last theme was raised by two counsellors, both of whom were trained and working in a secular environment. They felt that an individual's religious beliefs could be beneficial to the counselling process, in so much as a person's faith background could provide them with a framework or structure upon which to build. One suggested that a faith belief could provide an external source of strength upon which clients could draw, whilst the other suggested that a religious framework may provide an "ethical background" that could be drawn upon to motivate clients to persevere with a particular course of counselling or action. In reflecting on his current caseload this counsellor recounted how the majority of his clients did not have such a framework, but he believed that:

if they had a religious framework, it would give an ethical background which would, at times, encourage them to persist with a single goal for a certain amount of time, enough to actually achieve some effect. But many of them, their lives are in such disorder, you have no idea what they are going to do the next day, let alone the next week.

These two counsellors, like others, identified a number of difficulties that religious beliefs could have on the therapeutic relationship, however, they were also able to identify qualities of a faith belief that were beneficial. Moreover, they acknowledged that such qualities needed to be harnessed and used for the clients good.

In summary, most counsellors felt that a client's religious beliefs could have a detrimental effect on counselling. Despite holding different views, their explanations were based on shared religious principles (eg that religious clients relied on an omnipotent God to intervene in their problems, that they desired to please others and that they sought to live according to religious principles). Moreover, these counsellors could not be differentiated on the basis of either their training or their work environments. Two counsellors, who trained and worked in a secular environment, were the exception. They felt that a client's religious beliefs could be beneficial to the counselling process. Specifically, they felt that a client's religious beliefs may provide them with an ethical framework from which they could work.

Having discussed the explanations that counsellors provided for their judgements of the amount of motivation that religious and non-religious clients brought to counselling, it is necessary to consider how similar counsellors thought their explanations would be to participants in the first study.

Six participants believed that the explanations they provided for their judgements would be similar to counsellors in the first study. Three were unable

to make a clear decision either way and four counsellors failed to answer the question. There were no obvious differences between participant responses in terms of either their training or their current work environments. Therefore, it can be assumed that the explanations discussed above are representative of counsellors in both studies and of those who trained and work in both religious and secular environments.

In conclusion, this study sought to further understand the reasoning behind counsellors' judgements of clients' insight and motivation. Although counsellors had different views (ie some thought that there was no difference in the level of insight than clients brought to counselling and that religious clients were had more motivation to change, whilst others felt that the non-religious had more insight and motivation), they generally drew upon the same religious principles to explain their judgements. Both groups of counsellors believed that: religious clients were more likely to rely on an omnipotent God to intervene and resolve their problems; that the rigid and narrow minded beliefs of fundamentalists limited their capacity for insight and their motivation to change; that religious clients may be striving to please God or another person; or that they may be behaving in a certain manner to uphold the teachings of the church. Although the principles used to explain their judgements were similar, counsellors placed different emphases on them. Those who felt that the non-religious were more motivated argued that often religious clients' motivation was inhibited by their reliance on God and their desire to please others. Alternatively, those who felt that the religious were more motivated believed

that the desire to please God and live according to Christian principles motivated clients to persevere in times of hardship.

3.4 Discussion

The current study used qualitative research methods to further our understanding of the effects that clients' religious beliefs had on religious counsellors' judgements of religious and non-religious clients. Two issues were investigated: counsellors' perceptions of the amount of insight that clients had into their problems and the amount of motivation clients had to change. In continuing to draw on SCT, it was suggested that religious counsellors may judge others who had similar beliefs to their own more positively than those with different beliefs, ie in-group favoritism. Alternatively, it was possible that counsellors would seek to distance themselves from those whose views were extreme in comparison to their own — the "black sheep effect". A similar pattern of results was found for counsellors' judgements of both client insight and motivation therefore, these findings will be discussed concurrently.

3.4.1 The Amount of Insight and Motivation that Religious and Non-Religious Clients Bring to Counselling

Approximately half of the counsellors interviewed felt that religious or fundamentalist religious clients had less insight compared to non-religious clients. These counsellors comprised two sub-groups: those who felt that religious clients had less insight than non-religious clients and those who believed that fundamentalist clients had less insight than non-religious and less rigidly religious clients. These counsellors came from different training and

work environments. Those in the former sub-group had all trained and were working in a religious environment, whereas those who distinguished between religious and fundamentalist religious clients had all trained and were working in a secular environment. Another group of counsellors felt that there was no difference in the amount of insight that religious and non-religious clients brought to counselling. These counsellors believed that *individual characteristics* of clients, as opposed to their religiosity, influenced their level of insight. They could not be differentiated on the basis of either the type of training institution that they attended or the environment that they counselled in.

When examining counsellors' judgements concerning the amount of motivation that religious and non-religious clients brought to counselling, participants' responses again fell into two groups: approximately half of the counsellors felt that non-religious clients had more motivation to change than religious clients, whilst the other half believed that religious clients brought more motivation to counselling.

Of particular interest is the finding that counsellors trained in a secular environment were able to differentiate between different types of religious clients, whereas those trained in a religious organisation judged religious clients as a whole. This suggests that secular counsellors have the skills to more easily discern the subtle differences between different types of client. In the current study, such counsellors differentiated between religious clients with a "healthy" belief and more rigid religious clients. They may have obtained this ability during either their counselling training or via their clinical experience.

With regard to counsellors training environment, it is likely that a secular institution would place a greater emphasis on abnormal psychology and behaviour compared to a religious institution. This may include providing clinicians with a framework and the language necessary to undertake a full clinical assessment (of which insight and motivation would be a part). Consequently, in comparison to counsellors trained in a religious environment, counsellors trained in a secular environment may more readily assess and categorize the beliefs and behaviour of fundamentalist clients as somehow deviant or deficient.

It is also possible that working in a secular environment makes counsellors' "counsellor" identity more salient than their "religious" identity. Thus, they may judge fundamentalist clients as dysfunctional or bizarre on a purely clinical basis. In this case, neither the client's nor the counsellor's religiosity would be influencing counsellors' judgements. Finally, the theological tradition of these counsellors' may have influenced their clinical judgements. Counsellors who judged fundamentalist clients as less insightful not only trained and worked in a secular environment, but also identified with a "liberal" church tradition. It is generally accepted that fundamentalists and liberals are on opposite ends of the tradition spectrum. Therefore, as hypothesised in the original study, counsellors may be distancing themselves from others who express views that are extreme in comparison to their own.

To date, discussion of counsellors' judgements has centered on the explanations that they provided for their judgements. However, as indicated in

the results section, it became obvious during analysis that idiosyncratic traits and characteristics of counsellors themselves may influence their judgements. One counsellor argued that clients may be judged as more insightful when their views are similar to those of their counsellor. This is consistent with SCT and was confirmed by another counsellor who reported that she felt that it was very difficult to interact with non-religious people. She stated that non-religious clients' lack of faith can:

almost be a block then to further counselling or further conversation, in a close, meaningful way.

This participant also believed that a client's inability to "hand their problems over to God" would make their situation much more difficult to live with, because "they would have less hope for the future".

Such attitudes are extreme and, although only expressed by one participant, illustrate very clearly the hypothesis from the first study, that individuals may judge those who express beliefs that differ from their own more negatively than those with similar beliefs. These attitudes also support the author's suggestion, in the previous chapter, that some religious counsellors may believe that only God (Father), or His representative (ie the priest) can really know what is best for an individual.

Moving away from the attitudes and values of counsellors, there are also several client factors that may explain these findings. For instance, it is possible

that religious clients deliberately seek counselling from a counsellor with an overt or public religious identity, or that they have specific preconceptions about the nature of counselling within a religious framework that effects their levels of insight and motivation.

For various reasons, some religious clients may deliberately seek out a counsellor with similar beliefs to their own. Consequently, they may use predominantly religious language to describe their problems and experiences. Thus, exploration of their problems may be limited to a strictly religious context. For instance, a depressed person may describe their experience as a feeling of distance from God. This may lead the client or counsellor to assume that the client's problem is spiritual in nature. This supposition is supported by counsellors who believed that rigid religious beliefs limit and restrict clients' exploration of their problems. On the other hand, some religious clients may only feel comfortable exploring their problems within a religious framework and may thus put up barriers if alternate methodologies or techniques are introduced.

Alternatively, some clients may enter the counselling relationship with fixed expectations of how a religious counsellor will interact with them. Such clients are likely to expect a counsellor to use religious language in their interactions and may even expect the counsellor to judge or evaluate them and their actions using a religious framework. These clients would most probably be very uncomfortable if a religious counsellor endeavored to introduce or suggest alternate explanations or solutions for their problems. One counsellor illustrated this scenario well. She reported having spent much time talking to religious

people who were living in abusive marriages, and discussed how they were unwilling to move out of the situation because they believed that in God's and/or the Churches' eyes they were wedded for life. She found that these people could not accept the fact that the other party had a duty to honour them if the relationship were to continue.

To summarise, half of the counsellors interviewed in this study felt that non-religious clients had more insight and motivation than religious clients. These counsellors included more experienced religious counsellors, who felt that all religious clients had less insight and motivation, and more experienced secular counsellors, who believed that fundamentalist clients had less insight and motivation compared to others. Conversely, the other half of the counsellors felt that there was no difference in the amount of insight that religious and non-religious clients brought to counselling and that religious clients had more motivation than non-religious clients. This group of counsellors, comprised both religious and secular counsellors who had less counselling experience than those who perceived differences.

Having discussed participants' judgements of clients, a discussion of the explanations that counsellors gave for their judgements will now follow.

3.4.2 The Explanations Counsellors Provided for their Judgements of Clients

Whilst participants judgements of religious and non-religious clients varied, the explanations they provided for these were similar. Overwhelmingly,

counsellors emphasised the negative impact that clients' religiosity could have on clients insight into their problems and their motivation to change. Common explanations included the belief that religious clients relied on an omnipotent God to intervene and resolve their problems, that the narrow minded views of clients with very fundamentalist beliefs prevented them from exploring alternate explanations or solutions to their problems, that clients were often motivated to please God or others, or that they were taking a particular course of action to uphold the doctrines and teachings of the church.

Counsellors from both religious and secular backgrounds felt that many clients lacked insight into their predicament or motivation to change because they relied on an all-powerful God to step in and resolve their problems. They argued that this led clients to abdicate responsibility for their lives and their behaviour. For example, several counsellors reported that clients had told them that "if God wants things to change, he will change them"!

Taking a different perspective, several counsellors believed that many religious individuals sought change either to please God or another human being. Whilst one counsellor recognised that such beliefs have the potential to be beneficial to the counselling process, in that if the client is "doing it for God, their motivation is high", others were not as optimistic. Several counsellors felt that religious individuals may be motivated to change because they felt that some aspect of their behaviour was interfering with their relationship with God or a significant other. For instance, they argued that many religious people felt that it was not appropriate for them to pray for themselves, but if they were

asking God to change them because Billy or John would have an easier time, then that was acceptable.

Finally some counsellors, including those who had trained and were working in a religious environment, felt that some individuals endured very degrading and soul destroying situations, such as a violent or abusive marriage, because they believed the teachings of some parts of the church, that it was their Christian “duty” to do so. Many of these counsellors identified with the more liberal traditions of the church. Thus, it could be expected that they would categorize such individuals as out-group members and would thus judge them more negatively. This supposition is consistent with the findings of Garner, et al. (1990), and Worthington and Scott (1983). Garner et al. found that liberal therapists rated clients who held extreme right-wing beliefs more negatively than those holding left-wing beliefs. Taking a difference approach, Worthington and Scott found that religious clients who attributed their problems to religion and acted in a bizarre manner were judged more negatively than those who attributed their problem to religion and acted responsibly.

In summary, whilst counsellors’ judged clients’ levels of insight and motivation differently, they drew upon similar beliefs to explain their judgements. These included the belief that religious clients abdicated responsibility for their problems to God, that they desired to change for God or another human being or to uphold the doctrines of the church.

3.4.3 Counsellor Experience

One variable that may explain part of the heterogeneity of counsellors' responses is the amount of counselling experience they had. There are at least two types of experience that may influence counsellors' judgements: the amount of clinical experience they had and the types of clients they had counselled.

Despite sharing the same training and work environments, counsellors held opposing views regarding clients' insight and motivation. Counsellors from a religious background, who felt that religious clients had less insight and motivation than non-religious clients had more than twice as many years counselling experience as those who either felt that there was no difference between clients or that religious clients were more motivated than non-religious clients. Similarly, secular counsellors who felt that fundamentalist religious clients had less insight and motivation compared to all other clients had an average of sixteen years counselling experience, whereas those who felt that there was no difference or that religious clients had more motivation to change only had an average of five years experience.

Alternatively, it is possible that counsellors' experience with different types of clients influenced their judgements. Counsellors operating within a religious framework, who believed that there was no difference in the amount of insight that religious and non-religious clients brought to counselling reported counselling more religious than non-religious clients, whilst those who believed that non-religious clients had more insight had counselled more non-religious clients. Therefore, greater exposure to non-religious clients may give

counsellors a wider base for comparison of clients, and thus, lead those with this exposure to judge non-religious clients as more insightful.

It is not possible in this thesis to tease out the effects that counsellors' clinical experience and the types of clients that they have counselled have on their judgements. However, if clinical experience were to influence counsellor judgements, it is possible that counsellors with less experience may use fixed techniques with religious and non-religious clients, whilst those with more experience may be more flexible and choose the appropriate technique to meet the individual client's needs. If this were the case, counsellors' judgements may be influenced by their perception of the client's ability to adapt to the techniques that they use rather than the level of insight or motivation that the client presents with. Alternatively, if counsellors' experience with different client populations influenced their judgements it is possible that greater exposure to both religious and non-religious clients may allow counsellors to make more accurate or impartial judgements of clients, compared to those who have mainly counselled religious clients.

Notwithstanding the above conjectures, if we can assume that experience leads to more accurate diagnosis, it is possible that the most qualified counsellors, ie secular counsellors with rigorous training and considerable experience, are accurate in their assessment of perceived difference between fundamentalist clients and others. Unfortunately, however, it is not possible to pursue this issue further in this thesis.

Having discussed the findings of this study and their implications, several methodological issues should be noted.

3.5 Methodological Issues

An oversight of this study was our failure to include a measure of counsellors perceived similarity to religious and non-religious clients. Consequently, whilst several interpretations have been suggested for counsellors' judgements and the explanations of these none can be supported or refuted. Therefore, future research should include a measure of perceived similarity.

The breadth of heterogeneity in counsellors understanding or definitions of various terms was another significant issue to arise during this study. There was considerable variation in counsellors' perceptions of various terms. For instance, the term "religious individual." Some took a narrow view, defining "religious" as "membership of any church or any religious faith", whilst some felt that a person was religious if they had "some sort of faith belief in a God of some kind", but this did not mean that they had to be attached to a particular denomination. Others adopted a more liberal approach, believing that a person was "religious" if they were on "a spiritual journey". Similar problems were encountered when examining the question of clients' insight and motivation and the roles of a counsellor. Consequently, participants may have interpreted some questions differently. This should be kept in mind when interpreting the results, as it may explain some of the heterogeneity found in them. Whilst this issue became apparent early during the interviews, a decision was made not to provide

a stringent definition of these terms, as this had not been done in the initial study and the present study sought to ensure that comparisons were as similar as possible.

The ability to generalise these findings to the wider population of religious counsellors also needs to be considered. Whilst qualitative research methods such as content analysis provide a means of investigating a particular issue in detail, only a small sample of individuals are interviewed. On the other hand, purposeful sampling techniques, such as those used in the current study, minimise potential sampling bias. Thus, noting the steps that were taken to ensure representative sampling, caution needs to be taken when generalising these findings to the wider population.

3.6 Conclusion

This study examined the explanations that religious counsellors gave for their judgements of the amount of insight and motivation that religious and non-religious clients brought to counselling. Some counsellors believed that non-religious clients had more insight than religious clients. They felt that religious clients lacked insight because they relied on an omnipotent God to intervene in their problems and because the very narrow and rigid beliefs of fundamentalist clients restricted their capacity to explore their problems. Conversely, others felt that there was no difference in the amount of insight clients brought to counselling. They argued that individual traits, rather than religiosity, influenced client insightfulness. Concerning motivation, half of the counsellors believed that religious clients had more motivation than non-religious clients, whilst half

held the opposite view. Despite this, counsellors generally used the same theological principles to support their judgements.

Overall, these findings suggest that counsellors' judgements may be mediated by their counselling experience. Counsellors from the same training and working environments held opposing views. Those with more experience believed that non-religious clients had more insight and motivation compared to those with less experience. This finding suggests that there may be real differences between religious and non-religious clients, but that these differences may only be detected by more experienced counsellors. It is not clear, however, whether it is the number of years of counselling experience, or the types of clients that counsellors have counselled which influenced their judgements. Further research will be required to disentangle these two variables.

3.7 Further Research

The finding that counsellor experience may influence counsellors' judgements indicates that further research is required in this area. Two types of experience need to be considered: the number of years of clinical experience counsellors have, and the types of clients that they have counselled, ie religious versus non-religious. Additionally, a measure of counsellors' perception of their similarity to religious and non-religious clients is required. This would require a small battery of questions aimed at eliciting perceived similarity. Finally, results of this study suggest that perhaps the tradition that counsellors identify with, ie fundamentalist, conservative, liberal, evangelical, etc may influence their

judgements. Thus, it would also be useful to examine this variable in more detail.

This chapter has presented the methodology, results and findings of our second study. In what follows, the author will provide reflections on both studies, will present a SCT conceptualisation of religious counsellors and will discuss the implications of this for clinical practice.

Chapter Four - Conclusions and Clinical Implications

The aim of this thesis was to examine the effect that clients' expression of religious beliefs (similar or dissimilar to those of counsellors) had on religious counsellors' judgements of them. Two possibilities were explored. According to SCT, individuals will evaluate those who hold salient beliefs similar to their own more positively than those who hold different beliefs. Therefore, it was predicted that religious counsellors' religious identity would become salient when they counselled clients who discussed religious beliefs and that they would judge obviously religious clients more favourably than non-religious clients. The opposite effect was also possible. Counsellors who desired to continue to appraise the religious group positively may have categorized religious clients who displayed undesirable behaviour as members of the out-group. Two studies were undertaken to examine these issues.

The first study sought to replicate and extend the work of Lewis and Lewis (1985). Clients' religiosity was manipulated and counsellors' judgements of religious and non-religious clients were measured across a number of variables. These included: counsellors' judgements about the severity of the client's problem, counsellors' warmth towards the client, the counsellor's perception of the client's motivation to change, the counsellor's assessment of whether they would like the client if they had first met them socially, counsellors' perception of client's insight into her problem, the likelihood of the client working out her problems, the client's appropriateness for counselling at a pastoral counselling center, how much the counsellor liked the client in comparison to other clients, the impact the counsellor believed the client's

spirituality had on her current problems, appropriateness for participants to select the client for their case load, the effect of guilt on the client's problems, appropriateness for the counsellor to refer the client, who the counsellor would refer the client to, whether they would prefer to refer the client to a counsellor with similar beliefs to those of themselves and the clients, the number of sessions the counsellor believed the client would require, how frequently counselling sessions would be needed, and how religious the counsellor perceived the client to be.

A significant main effect was found for religion. Counsellors believed that non-religious clients had more insight into their problems than religious clients and that the religious clients' spirituality had a greater effect on her problems than it did on the non-religious clients' problems. The latter finding is consistent with that of Lewis and Lewis (1985). In extending the work of Lewis and Lewis, it became apparent that the type of institution at which counsellors trained also influenced their judgements. Counsellors trained in an institution with a religious focus believed that *all* clients had less insight into their problems, but more motivation to change their situation, than those trained in an institution with a secular focus. However, those trained in an institution with a secular focus believed that it was more appropriate for them to counsel both clients than those trained in an institution with a religious emphasis. Finally, we found that religious counsellors referred twice as many religious clients as non-religious clients to a Christian counsellor.

These results indicated that there could be differences in religious counsellors' perceptions of the amount of insight and motivation that religious and non-religious clients bring to counselling and, moreover, that the type of institution at which counsellors trained may influence these perceptions. Therefore, the next step was to gain a deeper understanding of the reasons counsellors gave for their judgements.

The second study used content analysis to explore the explanations that counsellors gave for their judgements of clients' insightfulness and motivation. A semi-structured interview was utilised. Participants who had trained in an institution with either a religious or a secular focus were interviewed. They were asked: 1) whether or not they felt that the religious and non-religious individuals they counselled had different levels of insight into their problems, or motivation to change; 2) they were advised of the findings from study one and asked whether or not they felt that their explanations would be similar to those of counsellors in the first study; and 3) why they felt their judgements would be similar or different to those of counsellors in the first study.

For both topics — insight and motivation to change — counsellors' responses fell into two categories. One group of counsellors believed, as did participants in study one, that non-religious clients had more insight than religious clients. This group included both counsellors from a religious environment (who felt that all religious clients had less insight), and counsellors from a secular environment, who believed that specifically fundamentalist clients had less insight than others, because of their rigid beliefs. These

counsellors all felt that religious clients relied heavily on an omnipotent God to intervene in their problems and that their faith limited their capacity to fully explore their difficulties. On the other hand, counsellors who felt that there was no difference in the insightfulness of religious and non-religious clients believed that it was individual characteristics of clients, not their religiosity, which determined their level of insight.

With regard to client motivation, approximately half of the counsellors believed that non-religious clients had more motivation to change, whilst half felt the opposite, that religious clients brought more motivation to counselling. In both cases, counsellors used similar theological principles to explain their judgements, but placed different emphasis on them. The principles cited included the belief that religious clients abdicated responsibility for their problems to God; that they were often motivated to change for God or another human being; or to comply with some church doctrine or teaching. Counsellors who felt that non-religious clients had more motivation to change believed that the religious clients over reliance on God led to an expectation that He would step in and “fix” their problems. Similarly, these counsellors argued that religious clients often had ill-founded motivations, ie they sought to change for the wrong reasons — to please others and not for their own benefit.

The most striking finding to emerge from this study was the fact that counsellors’ judgements appeared to be mediated by their experience. Here, experience may encompass both the amount of counselling that counsellors have engaged in and the different types of clients that they have counselled.

Counsellors with more experience perceived religious clients as having less insight and motivation than non-religious clients. It should be noted however, that one sub-group of counsellors (those who trained and worked in a secular environment) believed that this only applied to fundamentalist clients.

Specifically, they distinguished between religious and fundamentalist religious clients, and believed the fundamentalists had less insight and motivation.

Conversely, those with less experience believed that there was no difference in the amount of insight that religious and non-religious clients brought to counselling and that religious clients had more motivation to change than non-religious clients. Whilst these findings suggest that counsellor experience may have a significant effect on counsellors' judgements, it is not clear whether it is the number of years of counselling experience, or experience with specific types of clients which influences counsellors' judgements. Further research will be required to disentangle these two variables.

Regardless of whether one or both of these types of experience effects counsellors' judgements, the finding that experience seems to mediate counsellors' judgements suggests that there may be perceived real differences between religious and non-religious clients, and that it is experience which allows counsellors to become aware of the fact. This could be particularly so for counsellors with a secular background. The finding that secular counsellors believed that religious clients with fundamentalist beliefs had less insight and motivation than all other clients is consistent with the findings of Worthington and Scott (1983). They found that secular counsellors judged a religious client, who attributed her problems to religion and behaved in a bizarre and unusual

manner, more harshly than a religious client who attributed her problems to religion and behaved appropriately, a client who believed that religion was unimportant and a client who ignored religion. Despite the similarity of these two findings, it may not be the rigidity of the clients' religious beliefs per se that influences counsellors' judgements, but rather the *extremity* of their beliefs. It is possible that counsellors with considerable experience judge clients who hold very extreme beliefs more harshly, regardless of the particular belief system concerned, ie, they may view any strong belief system, that gives power to an external entity, as potentially disempowering for clients. There is some support for this view in the literature.

Garner, et al. (1990) examined the effect of client-therapist political and religious beliefs on the therapeutic relationship. Clients either endorsed an extreme ideology — right-wing political; right-wing religious; left-wing political; left-wing religious — or made no mention of an ideological orientation. Garner et al. found that therapists responded more negatively to clients who held a strong ideological view compared to clients who expressed no such views. Finally, they found that extremely liberal therapists judged clients who endorsed right-wing ideologies more negatively than moderately liberal therapists.

The work of Houts and Graham, (1986) also supports the notion that counsellors may judge clients who hold extreme beliefs more negatively than others. They manipulated clients' commitment to fundamentalist values and examined religious and non-religious clinicians' judgements of them. Houts and

Graham found that therapists rated a moderately religious client as having a more pessimistic prognosis than either a non-religious or a very religious client. Whilst our findings did not exactly replicate these, in that we found that very religious clients were judged more negatively, the conclusion Houts and Graham reached, that it was the strength of the client's endorsement of religious beliefs that influenced clinicians' judgements, is consistent with the supposition made above.

In summary, the results of this study, and previous research, suggests that clinicians may judge clients who hold extreme beliefs, regardless of the particular belief system, more negatively than clients who do not hold such beliefs. Whether or not this is the case remains questionable and would make an excellent project for future research.

Having reflected on the findings of this research, the author will now present a SCT conceptualisation of religious counsellors.

4.1 A Self-Categorization Conceptualisation of Religious Counsellors

Proponents of SCT argue that individuals will cognitively group others who share similar salient beliefs to their own and judge them more positively than those with dissimilar beliefs. Therefore, in SCT terms, the findings of this research suggest there may be three groups of religious counsellors. The first group consists of religious counsellors who would identify with a moderate to liberal theological tradition. They have generally trained and are working in a religious environment, but are uncomfortable with the extreme or fundamentalist

doctrines of the church. They believe that such doctrines are false or misleading and are responsible for at least some religious clients poor insight and motivation. A number of counsellors interviewed in the second study would fit into this group. Another group comprises those who were trained and are currently working in a secular environment. In the current study, these counsellors described themselves as liberal. They differentiated between religious and fundamentalist religious clients. They were extremely critical of the fundamentalist teachings of the church and some expressed a lack of tolerance for fundamentalist clients. Finally a third group of counsellors, which were not represented in this study, but were alluded to by others, are the fundamentalist counsellors who would probably hold very strong views about church doctrines and morality and may have very little time for “counsellors” per se.

The above conceptualisation suggests that religious counsellors, depending upon their training and current work environment, may themselves perceive three groups of clients and counsellors. In what follows the author will endeavour to identify these groups, discuss their similarities and differences and conclude by considering the clinical implications of these perceptions.

The first group might be categorized as “liberal religious counsellors”. They include those trained and working in a religious environment. Whilst these counsellors would have a strong religious identity, they would probably try to disassociate themselves from those with very rigid or dogmatic beliefs, ie, they would see themselves as part of the church, but they would not accept the

extreme conservative doctrines that the church espoused. Individuals holding extreme views would be categorized as out-group members. These are the counsellors who, in the second study, expressed the belief that at least some of the teachings of the church have led religious clients to have poor insight and ill founded motivations. They would not accept the notion of “Father knows best”, ie that only God or his representative could know what is right for an individual, nor would they believe that faith and prayer were the only ways to address problems. They may use a variety of techniques, including prayer and reading of the scriptures, in counselling, but they would not be restricted to purely religious methods.

These counsellors may have received some counselling training (often as part of their theological training), and some may have engaged in, or be seeking, additional training. However, on the whole, they are acutely aware of their limited capacity to counsel those with complex problems. Consequently, they would be open to referring such clients to a counsellor with more experience. The majority of their clientele would be non-religious clients and religious clients with moderate to liberal religious beliefs. These types of clients would be considered in-group members, whilst those with very stringent or fundamentalist views would probably be categorized as out-group members.

The second group may be seen as “spiritual” counsellors. These counsellors have normally trained and are working in a secular environment, thus they are generally the most experienced. They may identify themselves as religious, or perhaps spiritual, but they would not necessarily identify with the

church. In a counselling situation it could be expected that their professional counselling, rather than their religious or spiritual social identity would be most salient. Like the religious counsellors, these counsellors would feel that the more extreme teachings and doctrines of the church are detrimental to clients' well-being and restrict their capacity for insight and motivation.

The clients of this group of counsellors would most probably be non-religious individuals, others who identify themselves as spiritual, but not necessarily religious and those who feel marginalised or alienated from the church. Such clients would most likely be categorized as in-group members. Conversely, fundamentalist clients would definitely be considered out-group. They may be seen as very difficult to counsel and some counsellors may even refer them on because of this.

Finally, the third group of counsellors (and it should be remembered that we are merely speculating about them since, although they were referred to by our participants, none were in our participant population) could be categorized as "fundamentalists". They consist of those who take a very literal view of the scriptures and hold strongly to the strictures and structures of the church. Such counsellors are likely to place less value on counselling (Gorsuch & Meylink, 1988; Lowe, 1986; Meylink, 1988; Mollica et al., 1986), they will probably have minimal counselling experience and may or may not be interested in developing counselling skills. They may believe that the religious way is the only way and that psychologists and other mental health professionals do not have a role in assisting religious individuals.

The clients seen by fundamentalists are likely to be like minded fundamentalists. Taking a literal interpretation of the scriptures such counsellors may interpret a client's problems or distress as a punishment for sin or something given by God to teach the individual something. Fundamentalist clients will definitely be categorized as in-group, whilst less dogmatic religious and non-religious clients will be categorized as out-group. In fact, such counsellors may not interact with non-religious clients and may look unfavorably upon people with a mental illness or psychological problem. This was the view of one individual who the author invited to participate in this study. He reported that "I don't counsel non-religious people or people who are mentally ill".

In examining the overlaps and differences between these three groups of counsellors, numerous similarities can be seen between the first two groups. They may see a similar range of clients, both will almost certainly view the third group as out-group members and, under certain circumstances, they may categorize each other as in-group members. On the other hand, there are large discrepancies between the third group of counsellors and both of the other groups. Thus, it would be expected that they would most definitely be judged as out-group members by the liberal religious and spiritualist counsellors, and that they would judge these counsellors and their clients as out-group.

This conceptualisation of counsellors has significant clinical implications. The "spiritualists", because of their rigorous training and extensive clinical experience, are in the optimum position to provide counselling services

to a wide range of clients. Moreover, they are most likely to be able to differentiate between their “religious” and “counselling” identities.

Consequently, it is less likely that their own beliefs will colour their interactions with clients. The religious counsellors, whilst in a position to provide assistance to those with “normal” problems, generally do not have the skills or the experience to counsel individuals with severe or complex difficulties. This is of concern, since much of the previous research and our own, indicates that a large proportion of clergy may be counselling individuals who have similar types of problems to those handled by mental health professionals (Gilbert, 1981; Hohmann & Larson, 1993; Larson et al., 1986; Lowe, 1986; Mollica et al., 1986; Worthington et al., 1996; Wright, 1984).

Finally, the fundamentalist counsellors are potentially the most worrying group. Whilst many of them may not engage in counselling, those who do are likely to take an extreme religious approach and may be limited in the psychological counselling skills they possess. Consequently, exploration of clients’ problems may be restricted to religious interpretations. Working from this type of framework is potentially very dangerous. The counsellor may not only be unable to correctly identify the client’s problems, but may actually exacerbate them. For instance, a client with religious obsessions may find that these increase if religious techniques, such as prayer, Bible reading, devotional literature or confrontation of sin, are used in therapy.

In summary, the above section suggests that religious counsellors can be differentiated on the basis of their social identity and their counselling

experience. It is proposed that counsellors in each of these categories has specific skills to offer religious and non-religious clients, and like Szasz (1968), the author suggests that different counsellors, or counselling techniques, may be more effective for some clients than for others.

The clinical implications of the above categorization of religious counsellors have already been discussed. However, there are also more general implications, which arise from this thesis as a whole. These will now be the focus of discussion.

4.2 Clinical Implications

The results of these studies have important clinical implications, both for religious counsellors and for the clients they counsel, in particular, those with fundamentalist beliefs. A discussion of these will now follow.

Religious counsellors with more experience, who were working in a religious environment, felt that religious clients had less insight and motivation than non-religious clients. This suggests that they may find it easier to identify the limitations that a religious belief can have on clients' growth. This may be because of their more extensive experience with different types of clients or because they are aware of a range of therapeutic skills that they can use in counselling and are more comfortable using them. On the other hand, religious counsellors with less experience felt that there was no difference in the amount of insight that clients' brought to counselling, but believed that religious clients had more motivation than non-religious clients. This may be explained by these

counsellors lack of experience with non-religious clients. Alternatively, it is also possible that religious counsellors with less experience, in general, are biased in their clinical assessments. A bias towards religious clients may indicate that counsellors are unable to recognise the limitations that religiosity can have on the therapeutic relationship, ie, they may believe that turning to God is the only way to find solace and healing, or they may only be able to use religious techniques when counselling. The corollary would be a bias against non-religious clients. This may occur if counsellors believe that they cannot help or counsel those who do not have a religious conviction, or if they are rigid in their approach and are unwilling to consider alternate techniques. Either of these biases could explain counsellors' more favourable judgements of religious clients.

Either of the above scenarios may significantly influence clinical outcomes. Counsellors with more experience, who believed that religious clients had less insight and motivation, may utilise a wider variety of counselling techniques, but may have developed a negative stereotypes of religious clients, which they could be in danger of projecting on to all religious clients. Conversely, counsellors with less experience may restrict the exploration and treatment of clients' problems to a strictly religious framework, which may hamper some clients' growth or encourage those with rigid religious beliefs to continue conceptualising their problems as spiritual.

Differences, based on experience, were also found for counsellors who trained and worked in a secular environment. Those with more experience

identified two groups of religious clients: religious and fundamentalist religious. As suggested previously, it may be that clients with fundamentalist beliefs are perceived as having more problems. If this were so, this finding may indicate that secular counsellors, who have more training in psychological abnormality and who possess the skills and language to correctly assess and diagnose clients are able to more easily diagnose these clients as dysfunctional. On the other hand, these counsellors may have strong biases against fundamentalist clients. For instance, one counsellor in the second study reported “fundamentalist, definitely a pejorative term for me”. Such biases could lead counsellors to incorrectly dismiss fundamentalists as dysfunctional or mentally ill.

The discussion to date emphasis the importance of counsellors awareness of their own professional limitations. This was an issue that arose during several of the interviews. Numerous counsellors, particularly those whose only counselling training was undertaken as part of their theological degree, were acutely aware of their limitations. For instance, one counsellor described herself as a generalist. She felt that she could be of assistance to individuals with general problems but that she would need to refer those with more complex problems. Similarly, others stated that they did not see themselves as counsellors. This suggests that counsellors who have moderate counselling skills but, none the less, know their limitations, may have a valuable role, not only in providing assistance to those who are facing particular life stresses, but also in referring those with severe problems to appropriate services.

On the other hand, there was a minority who appeared oblivious to their lack of skill. For example, the participant quoted in chapter three, who felt that she would find it very difficult to have a meaningful conversation with a non-religious client. Such beliefs are concerning and suggest that there are some individuals providing counsel who do not have the necessary skills and are not aware of their own limitations. Such people present a danger both to themselves and their clients. They are at risk of misinterpreting or misdiagnosing individuals' problems. This may not only lead to incorrect treatment, but may also exacerbate the client's problems.

As indicated, many counsellors were aware of their limitations and the implications these have. Consequently, many expressed the desire for more training. This was particularly true for those trained in a religious environment. This finding is consistent with an emerging body of research (Abramczyk, 1981; Lowe, 1986; Meylink, 1988; Mollica, et al., 1986; Ruppert & Rogers, 1985) and highlights the need for more appropriate counselling training, especially for clergy and pastoral carers. As stated in the first chapter, Worthington (1986) argues that clergy are the second most consulted professionals after General Practitioners. Thus, they must have sufficient skill to determine when to counsel and when to refer. In practical terms, this could be addressed in a number of ways. First, during their initial training, clergy (and pastoral counsellors) should be taught basic counselling skills, including some form of problem analysis, basic techniques for dealing with depression and anxiety, and suicide risk assessment. Second, those whose appointments will require them to undertake considerable counselling should be required to participate in ongoing training,

where more advanced and specific skills are taught, and should be in a supervisory relationship with a more experienced clinician. Finally, both groups of counsellors should be educated about appropriate referral behaviour. This should not only include information about determining when to counsel and when to refer but should also stress the fact that the need to refer does not mean that they have failed.

In summary, the findings from these studies have several clinical implications. Primarily, these concern the counselling skills that religious counsellors possess and their awareness of their own limitations. Stemming from this, is the need to provide counsellors, especially those trained within a religious environment, with adequate skills so that they feel confident to determine when they can safely counsel and when they should refer.

4.3 Conclusion

This study reveals the complexity of the effects that clients' expression of religious beliefs has on the therapeutic relationship. Whilst our results were somewhat inconsistent, several findings emerged. First, counsellors from both studies believed that spirituality had a significant impact on religious clients' problems. Second, despite holding differing views concerning the amount of insight and motivation that religious and non-religious clients brought to counselling, counsellors generally drew upon the same theological principles to explain their judgements. The central principles cited were the omnipotence of God, the fundamentalist beliefs and teachings of some parts of the church, the desire of many religious clients to please God and others, and their desire to

uphold the teachings and doctrines of the church. Counsellors perceived religious clients as more likely to rely on an omnipotent God to intervene in their problems, whilst non-religious clients were perceived as more cognisant of the fact that any change in their situation depended on themselves. They also believed that the very rigid and narrow beliefs of fundamentalist clients seriously hampered their capacity for insight and their ability to fully explore their problems. Moreover, they felt that many religious clients motivation for change was to please others, whilst non-religious clients were perceived as seeking change for themselves.

The other significant finding to emerge from this research is the suggestion that counsellors' clinical judgements may be mediated by their counselling experience. Counsellors trained and working in an institution with a religious focus, who had more clinical experience, were more likely to judge non-religious clients as more insightful and motivated, whereas counsellors with the same training and work environment, but less experience, believed that there was no difference in the amount of insight clients brought to counselling. However, they did feel that religious clients had more motivation to change. A slightly different pattern was found for counsellors trained and working in a secular environment. Those with more experience differentiated between fundamentalist religious clients and less dogmatically religious clients. They felt that fundamentalists had less motivation than all other clients. Conversely, those with less experience believed that religious clients had more motivation to change than non-religious clients.

The suggestion that counselling experience influences counsellors' clinical judgements has significant clinical implications. Whilst secular counsellors generally had a thorough grounding in psychology and counselling, there was great variability in the training and experience of counsellors who trained in a religious environment. In fact, many were acutely aware of their lack of skills and desired more extensive counselling training. Given our finding that counsellors' judgements appear to be mediated by their experience, and previous research which suggests that clergy (and other religious counsellors) are increasingly being presented with similar problems to those taken to mental health professionals, it is imperative that these counsellors receive more rigorous training. Initially, this could be built into the pastoral care component of their theological training. However, given the time limitations of this, more extensive training should be included as part of their ongoing professional development.

Finally, the suggestion that clinical experience mediates counsellors' judgements indicates that this is an area for further research. Intuitively, it could be expected that counsellors with more clinical experience would be more likely to make accurate judgements. If this were so, the judgements of experienced religious counsellors in this study, that religious clients had less insight and motivation than non-religious clients, may be correct. However, further research that examines the correlation between counsellor experience and the accuracy of their clinical judgements is needed before such statements can be made.

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APPENDICES

Appendix A: Consent Form

I understand that I will be participating in a study examining the counselling role of chaplains and pastoral carers. The study will involve completing a demographics sheet, reading two case histories and answering a series of questions for each. I understand that participation is entirely voluntary, and that my responses are confidential.

Signed

Date

Appendix B: Instructions

The current study aims to investigate the counselling role of chaplains and lay pastoral carers. You will be asked to read two separate case histories and to answer a number of questions relating to each. The study will take approximately 20-30 minutes to complete. In order to obtain quality data, it is important that you **WORK THROUGH THE TWO CASE HISTORIES IN THE ORDER IN WHICH THEY ARE PRESENTED AND THAT YOU DO NOT RETURN TO THE EARLIER CASE HISTORY.**

If you are unsure of an answer, or think that a question is irrelevant, please select the answer that most closely represents your views.

PLEASE COMPLETE EVERY QUESTION.

✍ Please read and sign the attached consent form.

In signing this form, you are agreeing to participate in this study. You should be aware that your responses are totally confidential.

✍ Please complete the demographics information sheet.

📖 Please read case history one **carefully** and complete the questionnaire.

📖 Please read case history two **carefully** and complete the questionnaire.

Please collect together:

- 1) Your signed consent form; and
- 2) The completed questionnaire package.

Place these in the envelope marked **COMPLETED QUESTIONNAIRES** and place them in the box provided at the conference.

It would be greatly appreciated if you could complete this survey at the conference. However, if you are unable to, you can mail your responses to:

**Johann Sheehan
Clinical Masters Program
Division of Psychology
Building Number 38
The Australian National University
CANBERRA ACT 0200**

THANKYOU FOR YOUR PARTICIPATION

Appendix C: Demographic Information Sheet

This information **WILL NOT IDENTIFY YOU**, but is necessary to determine the characteristics of respondents. Please answer the following questions by either filing in the blanks, or ticking the appropriate box.

- a) Age _____ b) Sex ☐ Male ☐ Female
- c) Denomination
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Catholic | <input type="checkbox"/> Salvation Army |
| <input type="checkbox"/> Assemblies of God | <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Seven Day Adventist |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Uniting Church |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | | |
- d) There are many Christian traditions from which we learn and grow in our faith journey. Please select the one that has been most significant for you.
- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Evangelical | <input type="checkbox"/> Reformed |
| <input type="checkbox"/> Charismatic/Pentecostal | <input type="checkbox"/> Liberal | <input type="checkbox"/> Other _____ |
- e) Are you ☐ Ordained ☐ Religious ☐ Lay
- f) In which geographical area do you work? ☐ Urban ☐ Rural ☐ Both
- g) Please identify the counselling training you have.
- | | |
|--|---|
| <input type="checkbox"/> Clinical Pastoral Education | <input type="checkbox"/> Bachelors degree in counselling |
| <input type="checkbox"/> Diploma/certificate in counselling | <input type="checkbox"/> Post-graduate counselling degree |
| <input type="checkbox"/> Seminars about pastoral care | <input type="checkbox"/> No formal qualifications |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | |
- h) Duration of course? _____ yrs _____ mths i) Date of completion 19_____
- j) How much practical counselling experience do you have? _____ Yrs _____ mths
- k) In which environment(s) do you undertake most of your counselling?
- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Parish office | <input type="checkbox"/> Community health center | <input type="checkbox"/> Jail |
| <input type="checkbox"/> Pastoral counselling center | <input type="checkbox"/> Hospital/Nursing home | <input type="checkbox"/> Own home |
| <input type="checkbox"/> School/University | <input type="checkbox"/> Professional practice | |
| <input type="checkbox"/> Home of client/patient/parishioner <input type="checkbox"/> Other (<i>please specify</i>) _____ | | |
- l) What percentage of your pastoral activities involve counselling? _____%
- m) Do you receive regular supervision/mentoring/peer support? ☐ Yes ☐ No
- n) If yes, by whom _____

Appendix D: Case studies
Case Study A (Jane Religious)

Please read case history A CAREFULLY and complete the questionnaire attached.

Jane is a thirty-three year old mother of three children: Jennifer aged 10; Adam, aged eight; and Claire who is two years old. Jane has one semester of study to undertake before receiving her bachelor's degree at the University of Melbourne. Unfortunately, she had to withdraw from classes one month ago because she felt she could no longer cope with the competing responsibilities of raising children and meeting academic deadlines.

Jane and the children live in a large, comfortable house that she received as part of the divorce settlement. Finances are a major concern for Jane, but she manages to make ends meet. David visits Jane and the children once or twice a month, and takes the children to spend the weekend with him once a month. As Jane is explaining her situation to her counsellor she seems on the verge of tears. Her eyes are watery, and her voice breaks as they discuss her response to David's occasional visits. As the conversation progresses, it becomes clear that Jane's mood has been depressed since her husband asked her for a divorce. She has felt sad, discouraged, and lonely. These feelings seemed to become even more severe just prior to her withdrawal from university classes.

When David left, she remembered feeling "down in the dumps", but she said that she could usually cheer herself up by playing with the children or going for a walk. Now she is nearing desperation. She cries frequently and for prolonged periods of time and has no energy to complete even the simplest of daily tasks. Nothing seems to cheer her up. She has lost interest in her friends and church activities, and is becoming increasingly impatient with her children. Jane is sleeping poorly and sometimes rises during the night and fixes herself a snack to comfort herself. Jane's depression is somewhat worse in the morning, when it seems that she will never be able to make it through the day.

Jane is preoccupied by her divorce from David and admits that she spends hours each day brooding about the events that lead to their separation. Jane believes that divorce is a terrible tragedy and that she will be forever separated from God because of it. These thoughts interfere considerably with her ability to concentrate and seem directly related to her withdrawal from university. Jane reports that she was totally unable to study the assigned reading material, or to concentrate at a 45-minute lecture.

Jane harbors considerable resentment towards David and his new wife, although she blames herself for the divorce. Among other things, she believes that her return to university placed additional strain on an already difficult situation, and she wonders whether she has acted selfishly. Jane's counsellor notes that her reasoning often seems somewhat vague and illogical. Jane argues that she has been a poor partner and cites several example of her own failings. These include events that struck the counsellor as being very common, if not entirely reasonable. She would sometimes

spend too much money on her clothes, complain openly and too often about many of David's faults. Jane seems to have blown these events totally out of proportion and they now appear to her to be terrible, unforgivable, sins. She believes that she has failed her family and God and that the divorce is a punishment for these failures.

The collapse of Jane's marriage seems to affect the manner in which she views all of her social relationships. For instance, Jane was the treasurer of her local church, where she was very involved in running cake stalls and arranging other fundraising activities. However, she has resigned as treasurer and has not been to church, or even prayed, since David asked her for a divorce because she believes that "good Christians" do not get themselves into "these sorts of situations", and "God wouldn't listen to her anyway". When her counsellor challenges these beliefs, Jane says that she would not be welcomed at church, either by other parishioners or by God.

Jane does not see a lot of hope for her future, but realises that she needs help for the sake of her children.

Case Study A (Jane Non-Religious)

Please read case history one CAREFULLY and complete the questionnaire attached.

Jane is a thirty-three year old mother of three children: Jennifer aged 10; Adam, aged eight; and Claire who is two years old. Jane has one semester of study to undertake before receiving her bachelor's degree at the University of Melbourne. Unfortunately, she had to withdraw from classes one month ago because she felt she could no longer cope with the competing responsibilities of raising children and meeting academic deadlines.

Jane and the children live in a large, comfortable house that she received as part of the divorce settlement. Finances are a major concern for Jane, but she manages to make ends meet. David visits Jane and the children once or twice a month, and takes the children to spend the weekend with him once a month. As Jane is explaining her situation to her counsellor she seems on the verge of tears. Her eyes are watery, and her voice breaks as they discuss her response to David's occasional visits. As the conversation progresses, it becomes clear that Jane's mood has been depressed since her husband asked her for a divorce. She has felt sad, discouraged, and lonely. These feelings seemed to become even more severe just prior to her withdrawal from university classes.

When David left, she remembered feeling "down the in dumps", but she said that she could usually cheer herself up by playing with the children or going for a walk. Now she is nearing desperation. She cries frequently and for prolonged periods of time and has no energy to complete even the simplest of daily tasks. Nothing seems to cheer her up. She has lost interest in her friends and tennis activities, and is becoming increasingly impatient with her children. Jane is sleeping poorly and sometimes rises during the night and fixes herself a snack to comfort herself. Jane's depression is somewhat worse in the morning, when it seems that she will never be able to make it through the day.

Jane is preoccupied by her divorce from David and admits that she spends hours each day brooding about the events that lead to their separation. Jane believes that divorce is terrible and that her parents will never let her live it down. These thoughts interfere considerably with her ability to concentrate and seem directly related to her withdrawal from university. Jane reports that she was totally unable to study the assigned reading material, or to concentrate at a 45-minute lecture.

Jane harbors considerable resentment towards David and his new wife, although she blames herself for the divorce. Among other things, she believes that her return to university placed additional strain on an already difficult situation, and she wonders whether she has acted selfishly. Jane's counsellor notes that her reasoning often seems somewhat vague and illogical. Jane argues that she has been a poor partner and cites several examples of her own failings. These include events that struck the counsellor as being very common, if not entirely reasonable. She would sometimes spend too much money on her clothes, complain openly and too often about many of David's faults, and so on. Jane seems to have blown these events totally out of proportion and they now appear to her to be terrible, unspeakable shortcomings. She

believes that she has failed her family and that the divorce is a punishment for this failure.

The collapse of Jane's marriage seems to affect the manner in which she views all of her social relationships. For instance, Jane was the treasurer of her local tennis club, where she was very involved in running cake stalls and arranging other fundraising activities. However, she has resigned as treasurer and has not been to tennis, or even watched tennis, since David asked her for a divorce because she believes that "good people" do not get themselves into "these sorts of situations", and "her friends wouldn't want to see her anyway". When her counsellor challenges these beliefs, Jane says that she would not be welcomed at the club or by her friends.

Jane does not see a lot of hope for her future, but realises that she needs help for the sake of her children.

Case Study B (Kay Religious)

Please read case history B CAREFULLY and complete the questionnaire attached.

Kay, aged 73, was found at 4:00 a.m. by a city policeman doing his routine patrol of the beach near the amusement pier. She was huddled against a wooden paling, staring into space. Initially, he thought she was dead, but she was still breathing. Hustling her into the car, he took her to the emergency room of the local hospital.

When they arrived, Kay was mumbling incoherently to herself, occasionally jumping up to run wildly about the examination room. The physician treating Kay was reluctant to sedate her because of her age and her frail physical condition.

Information gleaned later from her counsellor provided the following picture. Kay had moved into a hostel after the death of her husband, whom she had nursed for three years. Her husband, Bill, had a cancerous lung removed, regrettably without halting the spread of the disease. Shortly afterwards, he experienced intellectual deterioration, which was diagnosed as senile dementia due to Alzheimer's disease. Bill became bedridden for his remaining three years. His wife, still as devoted to him as ever, insisted on caring for him at home, against her children's wishes. She rearranged furniture in the house so that she was seldom more than a few feet away from his bedside. Kay had been the treasurer of the local church and was actively involved in numerous fundraising activities. However, since Bill's illness, she had resigned from the treasurer's position.

The only time Kay would leave Bill's bedside was to go to church on Sunday morning, or for Bill's priest to have a private chat with him. During this time, Kay's depressions were coming upon her more often and with frightening intensity, accompanied by sleeplessness, poor appetite, and thoughts of suicide. Despite her family's growing concern, she continued to nurse her ever-deteriorating husband. Since Bill's death, Kay has been very down on herself and sometimes reports that she feels responsible for Bill's condition.

During the time living at the hostel Kay had occasionally acted peculiarly and her moods shifted from elation one moment to utter lethargy and despondency the next. Kay had lost quite a bit of weight since moving into the hostel, and reports that she often has difficulty sleeping. She has become increasingly withdrawn, often sitting in her room and crying for prolonged periods. Kay now refuses to go to church on Sundays because she believes that she has nothing to offer her friends. On Monday night, although depressed, Kay went to dinner with the other residents. Despondency was not unheard of among other residents at the hostel, but Kay's sadness had a morbidity and oppressiveness that worried the other residents. For example, at dinner, Kay went on and on about her aching back, poor eyesight, and generally about the ills that God had inflicted on her. The woman sitting beside her, who walked only with the help of a four-point cane, was almost completely blind, and was otherwise in poorer physical health as well as being in more problematic financial straits than Kay, stated that to her angrily. Kay's reaction was to sulk and brood even more, eventually excusing herself before dessert was served. Kay believes that these afflictions are a punishment from God for her past faults and that her church friends do not love her anymore.

The following morning Kay refused to come down to breakfast and also refused to open her door to the manager. A tray was left outside her door but remained untouched for the rest of the morning. In the early afternoon Kay was seen leaving the hostel and heading in the direction of shops. Just before dinner time, a couple from the hostel saw her walking morosely by herself in the park across the street from the hostel. Their impulse to approach was suppressed by the expectation of verbal abuse from her.

Kay did not return to the hostel that night, but was found by the police and taken to hospital.

Case Study B (Kay Non-Religious)

Please read case history B CAREFULLY and complete the questionnaire attached.

Kay, aged 73, was found at 4:00 a.m. by a city policeman doing his routine patrol of the beach near the amusement pier. She was huddled against a wooden paling, staring into space. Initially, he thought she was dead, but she was still breathing. Hustling her into the car, he took her to the emergency room of the local hospital.

When they arrived, Kay was mumbling incoherently to herself, occasionally jumping up to run wildly about the examination room. The physician treating Kay was reluctant to sedate her because of her age and her frail physical condition.

Information gleaned later from her counsellor provided the following picture. Kay had moved into a hostel after the death of her husband, whom she had nursed for three years. Her husband, Bill, had a cancerous lung removed, regrettably without halting the spread of the disease. Shortly afterwards, he experienced intellectual deterioration, which was diagnosed as senile dementia due to Alzheimer's disease. Bill became bedridden for his remaining three years. His wife, still as devoted to him as ever, insisted on caring for him at home, against her children's wishes. She rearranged furniture in the house so that she was seldom more than a few feet away from his bedside. Kay had been the treasurer of the local bowling club and was actively involved in numerous fundraising activities. However, since Bill's illness, she had resigned from the treasurer's position.

The only time Kay would leave Bill's bedside was for a quick game of bowls on Sunday morning, or for Bill's best friend to have a private chat with him. During this time, Kay's depressions were coming upon her more often and with frightening intensity, accompanied by sleeplessness, poor appetite, and thoughts of suicide. Despite her family's growing concern, she continued to nurse her ever-deteriorating husband. Since Bill's death, Kay has been very down on herself and sometimes reports that she feels responsible for Bill's condition.

During the time living at the hostel Kay had occasionally acted peculiarly and her moods shifted from elation one moment to utter lethargy and despondency the next. Kay had lost quite a bit of weight since moving into the hostel, and reports that she often has difficulty sleeping. She has become increasingly withdrawn, often sitting in her room and crying for prolonged periods. Kay now refuses to go to bowls on Sundays because she believes that she has nothing to offer her friends. On Monday night, although depressed, Kay went to dinner with the other residents. Despondency was not unheard of among other residents at the hostel, but Kay's sadness had a morbidity and oppressiveness that worried the other residents. For example, at dinner, Kay went on and on about her aching back, poor eyesight, and generally about the ills that life had inflicted on her. The woman sitting beside her, who walked only with the help of a four-point cane, was almost completely blind, and was otherwise in poorer physical health as well as being in more problematic financial straits than Kay, stated that to her angrily. Kay's reaction was to sulk and brood even more, eventually excusing herself before dessert was served. Kay believes that these afflictions are a punishment for her past faults and that her bowling friends do not love her anymore.

The following morning Kay refused to come down to breakfast and also refused to open her door to the manager. A tray was left outside her door but remained untouched for the rest of the morning. In the early afternoon Kay was seen leaving the hostel and heading in the direction of shops. Just before dinner time, a couple from the hostel saw her walking morosely by herself in the park across the street from the hostel. Their impulse to approach was suppressed by the expectation of verbal abuse from her.

Kay did not return to the hostel that night, but was found by the police and taken to hospital.

Appendix E: Questionnaire One (Jane)

Please circle the response that most closely represents your view for the following questions.

Key: SD = Strongly disagree D = Disagree A = Agree SA = Strongly agree

For example: The following indicates strong agreement.

Hospitals should have a chaplain SD D A SA **Please answer every question.**

1. Jane has a serious problem. SD D A SA
2. I would like to be able to feel more warmth towards Jane than I do now. SD D A SA
3. I think Jane is trying hard to solve her problems. SD D A SA
4. I think I'd like Jane socially if I had met her first in that capacity. SD D A SA
5. Jane does not have a lot of insight into her problems. SD D A SA
6. I am confident that Jane will work out her problems. SD D A SA
7. Counselling at a pastoral counselling center would not be appropriate for Jane. SD D A SA
8. I like Jane more than most clients. SD D A SA
9. Jane's spirituality has a large impact on her disorder. SD D A SA
10. It is appropriate for me to counsel Jane. SD D A SA
11. Jane's problem would be less if she was not consumed by guilt. SD D A SA
12. It would not be appropriate for me to refer Jane. SD D A SA
13. I would prefer to refer Jane to a counsellor with similar religious beliefs. SD D A SA
14. You are Jane's only counsellor. How many sessions do you expect you would need to help her?

12-56-1011-20>21
15. How frequently do you think you would need to see Jane?

twice weeklyweeklyfortnightlymonthly
16. If you were to refer Jane to another professional, to whom would you refer her?

PsychiatristPsychologistSocial workerPriestPastoral counsellor
17. How religious do you perceive Jane to be?

very religiousmoderately religiousmildly religiousnot at all religious

Appendix E: Questionnaire One (Kay)

Please circle the response that most closely represents your view for the following questions.

Key: SD = Strongly disagree D = Disagree A = Agree SA = Strongly agree

For example: The following indicates strong agreement.

Hospitals should have a chaplain SD D A SA **Please answer every question.**

- 1. Kay has a serious problem. SD D A SA
- 2. I would like to be able to feel more warmth towards Kay than I do now. SD D A SA
- 3. I think Kay is trying hard to solve her problems. SD D A SA
- 5. I think I'd like Kay socially if I had met her first in that capacity. SD D A SA
- 5. Kay does not have a lot of insight into her problems. SD D A SA
- 6. I am confident that Kay will work out her problems. SD D A SA
- 8. Counselling at a pastoral counselling center would not be appropriate for Kay. SD D A SA
- 8. I like Kay more than most clients. SD D A SA
- 9. Kay's spirituality has a large impact on her disorder. SD D A SA
- 10. It is appropriate for me to counsel Kay. SD D A SA
- 11. Kay's problem would be less if she was not consumed by guilt. SD D A SA
- 12. It would not be appropriate for me to refer Kay. SD D A SA
- 13. I would prefer to refer Kay to a counsellor with similar religious beliefs. SD D A SA
- 16. You are Kay's only counsellor. How many sessions do you expect you would need to help her?
1 2-5 6-10 11-20 >21
- 17. How frequently do you think you would need to see Kay?
twice weekly weekly fortnightly monthly
- 16. If you were to refer Kay to another professional, to whom would you refer her?
Psychiatrist Psychologist Social worker Priest Pastoral counsellor
- 18. How religious do you perceive Kay to be?
very religious moderately religious mildly religious not at all religious

Appendix F: MANOVA Tables

Table 1.
Within Subjects Multivariate Effect for Replication of Lewis and Lewis' Study

Measure	Value	F	Hypothesis df	Error df	Sig	Partial Eta Squared	Observed Power ^a
Religion Wilks' Lambda	.623	7.40	8.00	98.00	.000	.377	1.00

a. Computed using alpha = .05; Exact Statistic

Table 2.
Univariate Tests for Main Effect of Religion for Replication of Lewis and Lewis' Study

Measure	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared	Observed Power ^a
Religion							
Seriousness of problem	.925	1.00	.925	3.585	.061	.033	.467
Motivation to change	.399	1.00	.399	.840	.362	.008	.148
Insight into problem	1.703	1.00	1.703	4.493	.036	.041	.556
Ability to workout	.308	1.00	.308	.932	.337	.009	.160
Pastoral counselling center	.134	1.00	.134	.181	.672	.002	.071
Counsel	.159	1.00	.159	.356	.552	.003	.091
Effect of spirituality	22.634	1.00	22.634	45.759	.000	.304	1.000
Number of Sessions	.002	1.00	.002	.054	.817	.001	.056

a. Computed using alpha = .05

Table 3.
Within Subjects Multivariate Effect for Extended Study

Measure	Value	F	Hypothesis df	Error df	Sig	Partial Eta Squared	Observed Power ^a
Religion							
Wilks' Lambda	.610	3.87	15.00	91.00	.000	.390	1.00

a. Computed using alpha = .05; Exact Statistics

Table 2.
Univariate Tests for Main Effect of Religion for Replication of Lewis and Lewis' Study

Measure	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared	Observed Power ^a
Religion							
Seriousness of problem	.925	1.00	.925	3.585	.061	.033	.467
Motivation to change	.399	1.00	.399	.840	.362	.008	.148
Insight into problem	1.703	1.00	1.703	4.493	.036	.041	.556
Ability to workout	.308	1.00	.308	.932	.337	.009	.160
Pastoral counselling center	.134	1.00	.134	.181	.672	.002	.071
Counsel	.159	1.00	.159	.356	.552	.003	.091
Effect of spirituality	22.634	1.00	22.634	45.759	.000	.304	1.000
Number of Sessions	.002	1.00	.002	.054	.817	.001	.056

a. Computed using alpha = .05

Table 3.
Within Subjects Multivariate Effect for Extended Study

Measure	Value	F	Hypothesis df	Error df	Sig	Partial Eta Squared	Observed Power ^a
Religion							
Wilks' Lambda	.610	3.87	15.00	91.00	.000	.390	1.00

a. Computed using alpha = .05; Exact Statistics

Table 4.
Univariate Tests for Main Effect of Religion for Extended Study

Measure	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared	Observed Power ^a
Religion							
Seriousness of problem	.925	1.00	.925	3.585	.061	.033	.467
Warmth towards client	.008	1.00	.008	.319	.573	.003	.087
Motivation to change	.399	1.00	.399	.841	.362	.008	.148
Like client socially	.102	1.00	.102	.403	.527	.004	.096
Insight into problem	1.703	1.00	1.703	4.493	.036	.041	.556
Ability to workout	.308	1.00	.308	.932	.337	.009	.160
Pastoral Counseling Center	.134	1.00	.134	.181	.672	.002	.071
Like client	.009	1.00	.009	.566	.454	.005	.116
Effect of spirituality	22.634	1.00	22.634	45.759	.000	.304	1.00
Counsel	.159	1.00	.159	.356	.552	.003	.091
Effect of guilt	1.539	1.00	1.539	3.593	.061	.033	.467
Refer	.364	1.00	.364	.998	.320	.009	.168
Refer to similar counsellor	.508	1.00	.508	2.368	.127	.022	.332
Number of sessions	.002	1.00	.002	.054	.817	.001	.056
Frequency of sessions	.001	1.00	.001	.037	.849	.000	.054

a. Computed using alpha = .05

Table 5.
Multivariate Analysis with Two Between Subjects Variables

Measure	Value	F	Hypothesis Df	Error df	Sig	Partial Eta Squared	Observed Power ^a
Between Subjects							
Position	.658	1.301 _b	30.00	162.00	.183	.189	.932
Training	.733	1.781 _b	15.00	81.00	.048	.247	.889
Within Subject							
Religion	.621	3.302 _b	15.00	81.00	.000	.379	.997
Religion*Position	.662	1.232 _b	30.00	162.00	.201	.186	.926
Religion*Trained	.878	.749 _b	15.00	81.00	.728	.122	.446

a. Computed using alpha = .05; Exact Statistics

Table 6.

Univariate Analysis with Two Between Subjects Variables

Measure	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^a
Religion							
Seriousness of problem	.567	1.00	.567	2.180	.143	.022	.309
Warmth towards client	.006	1.00	.006	.259	.612	.003	.080
Motivation to change	.276	1.00	.276	.641	.425	.007	.124
Like client socially	.003	1.00	.003	.135	.714	.001	.065
Insight into problem	1.908	1.00	1.908	5.104	.026	.051	.609
Ability to workout	.003	1.00	.003	.113	.738	.001	.063
Pastoral Counselling Center	.319	1.00	.319	.457	.501	.005	.103
Like client	.486	1.00	.486	3.746	.056	.038	.482
Effect of spirituality	19.517	1.00	19.517	41.615	.000	.305	1.00
Counsel	.002	1.00	.002	.060	.807	.001	.057
Effect of guilt	1.593	1.00	1.593	3.691	.058	.037	.477
Refer	.306	1.00	.306	.930	.337	.010	.159
Refer to similar counsellor	.175	1.00	.175	.908	.343	.009	.157
Number of sessions	.145	1.00	.145	.272	.603	.003	.061
Frequency of sessions	.693	1.00	.693	1.68	.198	.017	.250

a. Computed using alpha = .05

Table 7.
Tests of Between Subjects Effects

Measure	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^a
Training							
Seriousness of problem	.002	1.00	.002	.047	.829	.000	.055
Warmth towards client	.453	1.00	.453	.500	.481	.005	.108
Motivation to change	3.228	1.00	3.228	5.687	.019	.056	.656
Like client socially	.001	1.00	.001	.022	.883	.000	.052
Insight into problem	4.924	1.00	4.924	8.365	.005	.081	.817
Ability to workout	.142	1.00	.142	.204	.652	.002	.073
Pastoral Counselling Center	.008	1.00	.008	.106	.746	.001	.062
Like client	.501	1.00	.501	1.072	.303	.011	.176
Effect of spirituality	2.009	1.00	2.009	2.504	.117	.026	.347
Counsel	3.615	1.00	3.615	5.673	.019	.056	.655
Effect of guilt	.937	1.00	.937	1.401	.240	.015	.216
Refer	.003	1.00	.003	.054	.833	.000	.055
Refer to similar counsellor	.167	1.00	.167	.184	.669	.002	.071
Number of sessions	1.788	1.00	1.788	2.281	.134	.023	.321
Frequency of sessions	.228	1.00	.228	.352	.554	.004	.090

a. Computed using alpha = .05

Appendix G: Interview Schedule

In this study, I am interested in the relationship between an individual's level of religiosity and the amount of insight they have into their problems and their motivation to change. In particular, I want to talk to you about the types of people you counsel and your perceptions of them. To do this, I will ask you a number of questions. In responding to these, it would be helpful if you could illustrate your responses by providing some anonymous examples from counselling or pastoral situations that you have been involved in. Any situations that you discuss will remain confidential and I stress that you should not refer to any client by name, or in any way that would enable them to be identified.

Are you willing to participate in this study?

Do you have any questions?

1) Demographic information

- a) Of your working week, roughly what percentage of your time is spent counselling?
- b) Do you counsel both religious and non-religious individuals?
- c) Could you tell me approximately what proportion of the people you counsel are religious and non-religious?

2) Counsellors' perception of clients' insight into their problems

- a) Do you feel that the religious and non-religious individuals you counsel have different levels of insight into their problems?
- b) (If "Yes") Why do you think that this is the case?
- c) In a study I have just completed many counsellors agreed with you. Do you think their reasons would have been the same as yours?

OR

- b) (If "No") In a study I have just completed, some religious counsellors said that they did feel there was a difference between religious and non-religious clients. Why do you think they might have said this?

(If necessary) Can you tell me more about this, or give some examples?

3) Counsellors' perception of clients' motivation to change

- a) Do you feel that the religious and non-religious individuals you counsel have different levels of **motivation to change**?
- b) (If "Yes") Why do you think that this is the case?
- c) Many counsellors in my previous study agreed with you. Do you think their reasons would have been the same as yours?

OR

- b) (If "No") In a study I have just completed some religious counsellors said that they did feel there was a difference. Why do you think they might have said this?
- c) (If necessary) Can you tell me more about this, or give some examples?

4) (If the participant does not mention the role of God in relation to clients' insight/lack of insight/motivation/lack of motivation)

- a) What role, if any, do you feel that religion or God has in relation to clients' insight into their problems?
- b) What role, if any do you feel that religion or God has in relation to clients' motivation to change?

5) Final Demographic Information:

- a) What counselling or pastoral care training do you have?
- b) Where did you undertake this training?
- c) When did you complete your training?
- d) What denomination do you belong to?
- e) Would you describe yourself as:
conservative/charismatic/evangelical/liberal/or reformed?

6) Is there anything else you would like to add?

Appendix H: List of Codes

<u>LABEL</u>	<u>CODE</u>
INSIGHT	INS
<u>Different levels of insight</u>	
No difference in levels of insight	INODIFF
Religion irrelevant	IRELIGIRREL
Difference, RC more insight than NRC	IDIFFRC>NRC
Difference, NRC more insight than RC	IDIFFNRC>RC
Change, from RC having more insight to NRC having more	ICHANGERC-RC
Change, from NRC having more insight to RC having more	ICHANGENRC-C
Change, from no difference to RC having more insight	ICHANGENO-RC
Change, from no difference to NRC having more insight	ICHANGENO-RC
Change, from difference to no difference	ICHANGEYES-NO
Questionable	IQUESTION
 <u>Explain</u>	
Why difference in levels of insight	IEXPLNDIFF
Why no difference in levels of insight	IEXPLNNODIFF
 <u>Comparison of reasons</u>	
Similar reasons to others – insight	ICOMPREAS
Different reasons to others – insight	ISIMREAS
Unsure of comparison of reasons – insight	IDIFFREAS
	IUNSURE
 <u>Client Insight (examples of)</u>	
Religious clients insight (examples of)	EGINS
Non-religious clients insight (examples of)	EGRCINS
	EGNRCINS
 MOTIVATION	MOT
<u>Different levels of motivation</u>	
No difference in levels of motivation	MNODIFF
Religion irrelevant	MRELIGIRREL
Difference, RC more motivation than NRC	MDIFFRC>NRC
Difference, NRC more motivation than RC	MDIFFNRC>RC
Change, from RC having more motivation to NRC having more	MCHANGERC-RC
Change, from NRC having more motivation to RC having more	MCHANGENRC-RC
Change, from no difference to RC having more motivation	MCHANGENO-RC
Change, from no difference to NRC having more motivation	MCHANGENONRC
Change, from difference to no difference	MCHANGEYES-NO
Questionable	MQUESTION
 <u>Explain</u>	
Why difference in levels of motivation	MEXPLNDIFF
Why no difference in levels of motivation	MEXPLAINNODIFF

Comparison of reasons

Similar reasons to others – motivation
 Different reasons to others – motivation
 Unsure comparison of reasons – motivation

MCOMPAREAS
 MSIMREAS
 MDIFFREAS
 MUNSURE

Client motivation (examples of)

Religious clients motivation (examples of)
 Non-religious clients motivation (examples of)

EGCMOT
 EGRCMOT
 EGNRCMOT

DEMOGRAPHICS

Percentage time counselling per week
 People counselled
 Counselling both groups of clients
 Counselling RC more than NRC
 Counselling NRC more than RC
 Counselling only RC
 Counselling only NRC

%COTIME
 PEOPLE
 COUNSBOTH
 COUNSRC>NRC
 COUNSNRC>RC
 COUNSRONLY
 COUNSNRONLY

Participants counsellor training

Post-graduate counselling
 Masters in Counselling
 Graduate Diploma in Counselling
 Psychology degree
 Clinical Pastoral Education
 Pastoral Care Unit
 Short courses
 Seminars
 Own reading
 Phone counselling training
 Other counselling training

TRAIN
 POSTGRAD
 MASTERS
 GRADDIP
 PSYCHDEGREE
 CPE
 PCU
 SHORTCOURSE
 SEMINARS
 READING
 PHONECOUNSEL
 TRAINOTHER

Training location

Religious institution
 Secular institution

LOCATE
 RELIGINST
 SECULARINST

Training completed

When training completed

TRAINEND

Denomination

Anglican
 Catholic
 Unclassified

DENOM
 ANGLICAN
 CATHOLIC
 DENOMUNCLASS

Churchmanship

Anglo-Catholic
 Charismatic
 Evangelical
 Liberal
 Progressive-Orthodox
 Radical
 Unclassified

CHURCH
 ANGLOCATHOLIC
 CHARISMATIC
 EVANGELICAL
 LIBERAL
 ORTH
 RADICAL
 CUNCLASSIFIED

CLIENT TYPE

Religious	RC
Non-religious	NRC

COUNSELLOR TYPE

Pastoral Career	PC
Secular Counsellor	SC

COUNSELLING ROLE

Counsellor Characteristics	COROLE
Role of God in counselling	COUNSELLOR
Role of religion in counselling	GODROLE
Role of church in counselling	RELIGROLE
Role of church teaching	CHURCHROLE
	CHURCHTEACH

MISCELLANIOUS

Guilt	GUILT
Sin SIN	
Fundamentalism	FUND
Spirituality	SPIRIT
Father knows best	FATHER
Omnipotent God	OMNIPOTENT
Self responsibility	ME
Referral	REFER
Training concern	TRAINCONCERN
Counselling concern	COUNSCONCERN
Reframing God	REFRAMEGOD
Definition of motivation	DEFNMOT
Definition of a counsellor	DEFNCOUNSEL
Definition of religion	DEFNRELIGION
Definition of religious counselling	DEFRELCOUNSEL
Client preconceptions	PRECONCEPTIONS
Counsellor perceptions	COUNCPERCEPT

Appendix I: Definitions of Codes

LABEL AND CODE	DEFINITION
INSIGHT Different levels of Insight No difference in levels of insight INODIFF	Counsellor believes that there is no difference in the amount of insight religious and non-religious clients bring to counselling.
Religion irrelevant IRELIGIRREL	Counsellor believes that religion has no effect on the amount of insight that clients bring to counselling.
Difference, RC more insight than NRC IDIFFRC>NRC	Counsellor believes that religious clients bring more insight to counselling than non-religious clients.
Difference, NRC more insight than RC IDIFFNRC>RC	Counsellor believes that non-religious clients bring more insight to the counselling situation than religious clients.
Change, from RC having more insight to NRC having more insight ICHANGERC-NRC	Counsellors' beliefs change from believing that religious clients bring more insight to counselling than non-religious clients, to believing that non-religious clients bring more insight than religious clients.
Change, from NRC having more insight to RC having more insight ICHANGENRC-RC	Counsellors' beliefs change from believing that non-religious clients bring more insight to counselling than religious clients, to believing that religious clients bring more insight than non-religious clients.
Change from no difference in insight to RC having more insight ICHANGENO-RC	Counsellors' beliefs change from believing that there is no difference in the amount of insight religious and non-religious clients bring to counselling, to believing that religious clients bring more insight than non-religious clients.
Change from no difference in insight to NRC having more insight ICHANGENO-NRC	Counsellors' beliefs change from believing that there is no difference in the amount of insight religious and non-religious clients bring to counselling, to believing that non-religious clients bring more insight than religious clients.
Change, from difference in insight to no difference in insight ICHANGEYES-NO	Counsellors' beliefs change from believing that there is a difference in the amount of insight religious and non-religious clients bring to counselling, to believing that there is no difference in the amount of insight religious and non-religious clients bring to counselling.

Questionable IQUESTION	It is not possible to determine counsellors' judgements about the amount of insight religious and non-religious clients bring to counselling.
Explain Why difference in levels of insight IEXPLNDIFF	Counsellors' explanation of why they feel that religious and non-religious clients bring different levels of insight to counselling.
Why no difference in levels of insight IEXPLNNODIFF	Counsellors' explanation of why they do not feel that religious and non-religious clients bring different levels of insight to counselling.
Comparison of reasons ICOMPREAS	Counsellors' reflection on whether or not they believe that participants in study one would have given the same explanations concerning their judgements of religious and non-religious clients as themselves.
Similar reasons to others – insight ISIMREAS	Counsellor believes that those in study one would have held the same beliefs as themselves about clients' levels of insight.
Different reasons to others – insight IDIFFREAS	Counsellor believes that those in study one would have held different beliefs to themselves about clients' levels of insight.
Unsure of comparison of reasons IUNSURE	Counsellor is unsure whether those in study one would have held the same or different beliefs about clients' levels of insight as themselves.
Client Insight (examples of) EGINS	Examples that counsellors gave to illustrate the ways in which client insight arises in their counselling sessions.
Religious clients insight (examples of) EGRCINS	Examples that counsellors gave to illustrate the ways in which client insight arises in their counselling sessions with religious clients.
Non-religious clients insight (examples of) EGNRCINS	Examples that counsellors gave to illustrate the ways in which client insight arises in their counselling sessions with non-religious clients.
MOTIVATION Different levels of Motivation No difference in levels of motivation MNODIFF	Counsellor believes that there is no difference in the amount of commitment or energy that religious and non-religious clients bring to the counselling.
Religion irrelevant MRELIGIRREL	Counsellor believes that religion has no effect on the amount of commitment and energy that clients bring to a counselling.

Difference, RC more motivation than NRC MDIFFRC>NRC	Counsellor believes that religious clients bring more commitment or energy to counselling than non-religious clients.
Difference, NRC more motivation than RC MDIFFNRC>RC	Counsellor believes that non-religious clients bring more commitment or energy to counselling than religious clients.
Change, from RC having more motivation to NRC having more motivation MCHANGERC-NRC	Counsellors' beliefs change from believing that religious clients bring more commitment or energy to counselling than non-religious clients, to believing that non-religious clients bring more commitment or energy than religious clients.
Change, from NRC having more motivation to RC having more motivation MCHANGENRC-RC	Counsellors' beliefs change from believing that non-religious clients bring more commitment or energy to counselling than religious clients, to believing that religious clients bring more commitment or energy than non-religious clients.
Change from no difference in motivation to RC having more insight MCHANGENO-RC	Counsellors' beliefs change from believing that there is no difference in the amount of commitment or energy that clients bring to the counselling, to believing that religious clients bring more commitment or energy to than non-religious clients.
Change from no difference in motivation to NRC having more motivation MCHANGENO>NRC	Counsellors' beliefs change from believing that there is no difference in the amount of commitment or energy that clients bring to counselling, to believing that non-religious clients bring more commitment or energy than religious clients.
Change, from difference in motivation to no difference in motivation MCHANGEYES-NO	Counsellors' beliefs change from believing that there is a difference in the amount of commitment or energy that religious and non-religious clients bring to counselling, to believing that there is no difference in levels of commitment or energy that clients bring to counselling.
Questionable MQUESTION	It is not possible to determine counsellors' judgements about the amount of commitment and energy religious and non-religious clients bring to counselling.
Explain Why difference in levels of motivation MEXPLNDIFF	Counsellors' explanation of why they feel that religious and non-religious clients bring different levels of commitment or energy to counselling.
Why no difference in levels of motivation	Counsellors' explanation of why they do not feel that religious and non-religious clients bring different

MEXPLNNODIFF	levels of insight to counselling.
Comparison of reasons MCOMPAREAS	Counsellors' reflection on whether or not they believe that participants in study one would have given the same explanations concerning their judgements of religious and non-religious clients' commitment or energy as themselves.
Similar reasons to others – motivation MSIMPREAS	Counsellors' beliefs that those in study one would have held the same beliefs as themselves about clients' commitment or energy.
Different reasons to others – motivation MDIFFREAS	Counsellors' beliefs that those in study one would have held different beliefs to themselves about clients' commitment or energy.
Unsure of alignment of reasons MUNSURE	Counsellor is unsure whether those in study one would have held the same or different beliefs about clients' levels of commitment and energy as themselves.
Client motivation (examples of) EGMOT	Examples that counsellors gave to illustrate the ways in which client commitment or energy arises in their counselling sessions.
Religious clients' motivation (examples of) EGRCMOT	Examples that counsellors gave to illustrate the ways in which client commitment or energy arises in their counselling sessions with religious clients.
Non-religious clients' motivation (examples of) EGNRCINS	Examples that counsellors gave to illustrate the ways in which client commitment or energy arises in their counselling sessions with non-religious clients.
DEMOGRAPHICS	
Percentage of working week spend counselling %COTIME	The percentage of the working week that counsellors spend counselling.
People Counsellled PEOPLE	
Counselling both groups of clients COUNSBOTH	The counsellor counsels both religious and non-religious clients.
Counselling RC more than NRC COUNSRC>NRC	The counsellor counsels significantly more religious clients than non-religious clients.
Counselling NRC more than NRC	

COUNSNRC>RC	The counsellor counsels significantly more non-religious clients than religious clients.
Counselling only religious clients COUNSRCONLY	The counsellor only counsels religious clients.
Counselling only non-religious clients COUNSNRCONLY	The counsellor only counsels non-religious clients.
Participants counsellor training TRAIN	The counsellor (or pastoral care) training that the counsellor have undertaken.
Post-Graduate Qualification POSTGRAD	Counsellor completed a Post-Graduate degree, in counselling.
Masters in counselling MASTERS	Counsellor completed a Masters degree, or equivalent, in counselling.
Graduate Diploma in counselling GRADDIP	Counsellor completed a Graduate Diploma, or equivalent, in counselling.
Psychology degree PSYCHDEGREE	Counsellor completed a psychology degree.
Clinical Pastoral Education CPE	Counsellor completed a course in Clinical Pastoral Education.
Pastoral Care Unit PCU	Counsellor completed one or more units in pastoral care.
Short course SHORTCOURSE	Counsellor attended one or more short courses, workshops or seminars in counselling
Seminars on counselling or pastoral care SEMINARS	Counsellor attend seminars, short courses or workshops on counselling or pastoral care
Self-directed reading READING	Self directed reading on counselling, pastoral care or counselling related topics.
Phone counselling training PHONECOUNSEL	Counsellor has undertaken training in telephone counselling.
Other OTHER	Other counselling training undertaken.

<u>Training Location</u> LOCATION	The type of institution that the counsellor trained in.
Religious institution RELIGINST	Counsellor undertook training a predominantly religious institution.
Secular institution SECULARINST	Counsellor undertook training at a predominantly secular institution.
<u>When training completed</u> TRAINEND	The year in which the counsellor completed their training.
<u>Denomination</u> DENOM	The denomination that the counsellor belongs to.
ANGLICAN	Member of the Anglican Church.
CATHOLIC	Member of the Catholic Church.
UNCLASSIFIED	Counsellor does not associate with any particular denomination.
CHURCHMANSHIP CHURCH	The tradition or branch of religious belief that the counsellor feels most comfortable with.
ANGLO-CATHOLIC	
CHARASMATIC	
EVANGICAL	
LIBERAL	
PROGRESSIVE ORTHODOX (PROGORTH)	
RADICAL	
CUNCLASSIFIED	Unable to classify counsellors association with a particular branch of religious belief.
<u>CLIENT TYPE</u> Religious client RC	The client is a religious.
Non-religious client NRC	The client is a non-religious.

COUNSELLOR TYPE Pastoral career PC	The counsellor is a pastoral career or religious counsellor.
Secular counsellor SC	The counsellor is a secular counsellor.
COUNSELLING ROLE Counsellor characteristics COUNSCHARACTER	The counsellors' own beliefs and feelings about their role as a counsellor.
Role of God in counselling GODROLE	The counsellors' beliefs and feelings about the role of God in counselling.
Role of religion in counselling RELIGROLE	The counsellors' beliefs and feelings about the role of religion in counselling.
Role of the church in counselling CHURCH	The counsellors' beliefs and feelings about the role of the church in counselling.
Role of church teaching CHURCHTEACH	The counsellors' beliefs and feelings about the role of the church's teaching.
MISCELLANEOUS GUILT	Any discussion of the impact of guilt during the interview.
SIN	Any discussion of the impact of sin during the interview.
Fundamentalism FUND	Any discussion about fundamentalism or fundamentalist clients during the interview.
Spirituality SPIRIT	Any discussion about the role that clients' spirituality has on their level of insight or motivation to change.
Father knows best FATHER	Any discussion which suggests that God or the Priest knows what is best for the client.
Client relying on Omnipotent God OMNIPOTENT	Discussion of clients relying on an omnipotent God to fix their problems.
Self-responsibility	

ME	Discussion of clients relying on themselves to change or resolve their problems.
Referral REFER	Any discussion about the counsellors referral behaviour.
Training concern TRAINCONCERN	Comments and concerns counsellors voice about the adequacy of their training and development.
Counsellor concern COUNSELCONCERN	Comments and concerns voiced by counsellors about their counselling role and/or their ability to counsel.
Reframing God REFRAME	Comments counsellors made about reframing God with clients.
Definition of motivation DEFNMOT	Counsellors' definition of motivation.
Definition of a counsellor DEFNCOUNSEL	Counsellors' description of their counselling role.
Definition of religion DEFNRELIGION	Counsellors' definition of religion and/or religious and non-religious clients.
Definition of religious counselling DEFNREFLIGCOUNSEL	Counsellors' definition of what religious counselling involves.
Client preconceptions PRECONCEPTIONS	The client's preconceptions of the counsellor and/or counselling.
Counsellor preconceptions CONCPERCEPT	Counsellors' perceptions of clients and/or counselling.